DOCUMENT RESUME

ED 149 866 PS 009 769

TITLE	To Evaluate the Overall Effectiveness of Project Head Start Training and Technical Assistance Programs (Nationally). Draft Final Report. Volume 3: Appendix.
INSTITUTION	Kirschner (E.J.) and Associates, Washington, D.C.
SPONS AGENCY	Office of Child Development (DHEW), Washington, D.C.
PUB DATE	30 Nov 75
CONTRACT	HEW-105-74-1112
NOTE	356p.; For Volumes I and II of this report, see ED 127 030 and ED 127 031 ; Parts of document may not reproduce clearly due to quality of print
EDRS PRICE	MF-$0.83 HC-$19.41 Plus Postage.
DESCRIPTORS	Delivery Systems; *Early Childhood Education; Educational Programs; Evaluation; Federal Programs; Interviews; Management; *Measurement Instruments; National Programs; Preschool Evaluation; *Preschool Programs; Preschool Teachers; *Program Evaluation; *Questionnaires; *Technical Assistance
IDENTIFIERS	*Project Head Start; Training And Technical Assistance Programs

ABSTRACT

This document contains the appendices for the final report of the evaluation of overall effectiveness of the Project Head Start Training and Technical Assistance Programs. Included are a detailed matrix showing which questions from the various interview guides and instruments were used in analyzing data; copies of the interview guides used with national office staff, regional office staff, and regional providers; and copies of the OMB approved interview instruments used with national, regional and local providers as well as with local program directors, staff, parents, and community leaders. (SB)

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DRAFT FINAL REPORT .

Volume 3, Appendix

TO EVALUATE THE OVERALL EFFECTIVENESS OF PROJECT HEAD START TRAINING AND TECHNICAL ASSISTANCE PROGRAMS (NATIONALLY)

Contract No: HEW-105- 74- 1112

November 30, 1975

Washington, D.C.

PS 009769

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APPENDIX Part 1

Matrix of Head Start T/TA Evaluation Items by Respondent Category

The initial part of the appendix (3 pages) is a detailed matrix showing which questions from the various interview guides and instruments (copies of which are contained in Parts 2 and 3 of this appendix) have been used in analizing data according to the topical format of this Final Report.

MATRIX OF RELATED H.S. T/TA EVALUATION ITEMS BY RESPONDENT CATEGORY

LEVEL	NATIONAL		REGIONAL			LOCAL		
	OFFICIALS	PROVIDERS	OFFICIALS	PROVIDERS		PERSONNEL		PROVIDERS
				GROUP 1	GROUP 2	DSP	CL	
A. Management of T/TA			-75&76&77			51-58	1	
3. Needs Assessment/Planning		9-10		-15a -15b/-5"P" /-11"P"	9-10	15-16		9-10
a. at what levels	2b1,2,3	11			11			11
b. criteria		4-5	25-26&27		4-5	4-5 6		4-5
c. participants			29a-30			8-9 10-11 12 23		
d. other inputs		8			8	7		8
e. work plan		6-7		3-9	6-7			6-7
f. co-ord w NO		12	(33)		12			12
RO		13	33 -34	6-11"c"	13	17		13
STO		14		5"c"-8	14	18		14
locals		15			15			15
g. articulation by RO			29b	7-2		24-25		
h. timing of process						13-14		
4. Provider Selection								
a. national criteria	12 2f11a 13	16						
b. regional (familiarity)			63-64&65			19-20		
c. regional criteria	2f11b 12 13				16			
d. RTO/STO (familiarity)						21-22		
e. RTO/STO criteria			66-67&68					
f. local criteria	2f11c 12 13			12				16
5. Control of Providers	2f18- 19&20	18-19	71-70&72& 61(74) 73	4a-4b 10a-10b	18-19	26-27		18-19
6. Evaluation of T/TA	2g1 - 3	24-25	52	20a-20b	24-25	28-29		24-25

LEVEL	NATIONAL		REGIONAL			LOCAL		
	OFFICIALS	PROVIDERS	OFFICIALS	PROVIDERS		PERSONNEL		PROVIDERS
				GROUP 1	GROUP 2	DSP	CL	
B. Delivery of T/TA								
1. Satisfaction with T/TA $	2c2-7&9		21/92	5"F"(T/TA) 11"F"(T/TA)		42-43 60-61		
2. T/TA Resources Utilized			54-55					
a. national providers			58-59& 60			45-46		
1) use of time formula		20-21 17		16-16				
2) categories offered		23						
3) in-service upgrading		22		17				
b. regional providers						48-49		
1) use of time formula					20-21 17			
2) categories offered				18	23			
3) in-service upgrading					22			
c. local providers						52-53		
1) use of time formula				13-14				20-21 17
2) categories offered								23
3) in-service upgrading								22
d. non-HS providers						54-66		
3. Supportive Resources								
a. community leaders						75	21 2-3 &4 5	
b. parents						76	22	
4. Target Groups	2f26-27	38a-g	84-85& 86		38a-g	59a-g 2-1&3		38a-g

LEVEL	NATIONAL		REGIONAL			LOCAL		
	OFFICIALS	PROVIDERS	OFFICIALS	PROVIDERS		PERSONNEL		PROVIDERS
				GROUP 1	GROUP 2	DSP	CL	
5. Content		39-40	87	19	39-40	62-63	17-18	39-40
		39-40			41-42	64-65	19-20	39-40 41-42
6. Special								
a. nutrition					67	67		
b. psychictric services					69	69		
c. handicapped services					73-71& 72	73-71& 72		
C. Excellence of T/TA					74	74		
1. Quality of T/TA		26	90/91		26	31	6	26
a. overall		37a-k			37a-k	44a-k		37a-k
b. special categories						66 68 70		
c. nat'l. providers						47		
d. reg'l. providers						50		
*e. local providers						54		
f. non HS providers						57		
2. Effects of T/TA			88/89			30		
a. overall	2f24-25	27-28	-93		27-28	32-33	7-8	27-28
b. special categories		29-31			29-31	34-36	9-11	29-31
		32 33 30 34			32 33 30 34	37 38 35-39	12 13 10-14	32 33 30 34
		35 36			35 36	40 41	15 16	35 36
c. career development						77-78		

*Only from programs which buy T/TA.

APPENDIX Part 2

Interview Guides

This second part of the appendix contains copies of the interview guides used in conjunction with the National Office staff, the Regional Office staffs, and members of the RTO/STO/STATO/OICS network who are also referred to throughout the Final Report as Group 1 of the Regional Providers.

NATIONAL OFFICE GUIDELINE

OUTLINE

1. Head Start Objectives
    - a. National level
    - b. Regional level
2. Implementation of Objectives
    - a. Policy and Guidance
    - b. Planning
    - c. Budget
    - d. Staffing
    - e. Cooperation with Other Agencies
    - f. T/TA
        1. Definition and Types of HS T/TA
        2. Planning for T/TA
        3. Definition and Types of Providers
        4. Selection of Providers
        5. Management of Providers
        6. Evaluation of T/TA
    - g. Evaluation Overall

HEAD START HEADQUARTERS INTERVIEW GUIDE

August 6 - 9, 1974

PERSON INTERVIEWED ______________________

____

Position ______________________

How Long ______________________

Scope of Responsibility ______________________

____

____

____

____

Location ______________________

____

Date Interviewed ______________________

Interviewer ______________________

1. HEAD START OBJECTIVES

a. What external mandates influence the choice of viable national Head Start objectives? Specify.

- Congress
  - Legislation
  - Appropriation
- Executive
- Other

b. What HEW divisions (e.g., HEW/OPS, OE, HD, OCD) affect Head Start in the formulation of its objectives? Specify.

DIVISION	INPUT
OPS	
OE	
HD	
OCD	
OTHER	

c. What kinds of objectives from other government agencies are considered by Head Start in formulating its national objectives? Specify the agency, the nature of objectives, their source (evaluations, meetings, etc.) and person in HS responsible for providing that input.

AGENCY	KINDS OF OBJECTIVES	SOURCE	PERSON RESPONSIBLE
USDA			
DOL			

d. Who is responsible in the national Headquarters office of Head Start for formulating national objectives?

RESPONSIBLE PERSON	DIVISION	NATURE OF RESPONSIBILITY

e. Describe the mechanism or process by which these various responsible persons collaborate in formulating the national Head Start objectives?

f. What specific kinds of inputs from Regional Offices and local program sites affect the setting of national Head Start objectives? Specify.

Regional:

Local:

g. What priority is given by Headquarters to Regional and local objectives in relation to the establishment of:

National Objectives: ______________________________

____

____

____

____

____

How is such priority determined?

Allocation of $: ______________________________

____

____

____

____

____

How is such priority determined?

____

____

____

____

h. What percent of Headquarters' mandays is spent in direct contact with Regional Offices and/or local programs in establishing national objectives?

OFFICE	% OF MANDAYS
Regional	
Local	
Other	

i. In what ways can the total process of formulating Head Start national objectives be improved? For instance, should there be more or less input from ROs and local programs? Should the scope, type or timing of this input be changed?

OFFICE	INPUT		SCOPE CHANGED		TYPE		TIMING	
	More	Less	Yes	No	Yes	No	Yes	No
Regional Office								
Comments:								
Local Program								
Comments:								

j. What problems exist in the national office of HS that prevent you from successfully achieving the national HS objectives?

k. How would you rate the success of the national office of HS in achieving its FY74-FY75 objectives? Specify:

FY 74 - HS OBJECTIVES	Excellent	Very Good	Good	Fair	Poor
1. Performance Standards by 6-30-74					
2. Needs Assessment System (local) by 6-30-74					
3. T/TA Needs Assessment					
4. Cost Management Guidelines by 4th quarter FY 74					
5. Process for review and support of OCD RO implementation of HS objectives, policies by first quarter FY 74					
6. 10% of enrollment opportunities for handicapped.					
7. Screening and diagnostic tools by 6-30-74					
FY 75 - HS OBJECTIVES					
1. Performance Standards					
2. High Impact Grantee Effort					
3. Handicapped					
4. Local Needs Assessment					

2. IMPLEMENTATION OF OBJECTIVES

a. Policy and Guidance

1. Define policy and guidance as the terms are used by you in your position at HS:

2. How does policy and guidance relate, in theory, to overall HS goals and objectives?

3. How is policy and guidance relative in practice to overall HS goals and objectives formulated?

4. What role do you play in formulating policy and guidance relative to overall HS goals and objectives? Specify.

5. Within your unit/division, how is policy and guidance formulated?

6. Who is specifically responsible for formulating policy and guidance within your unit/division? Explain in terms of staff persons and kinds of policy and guidance.

STAFF PERSON	TYPES OF POLICY AND GUIDANCE

DISSEMINATION

7. What process is followed to disseminate objectives, policy and guidance?

FORMS	DEFINITION/ PURPOSE	DISSEMINATOR	RECIPIENTS	AUTHORITY/ ENFORCEMENT	IMPROVEMENTS
Policy Issuance					
Notice					
Staff Instruction					
Other					

8.a. What processes are followed to get feedback regarding dissemination of any policy or guidance after it has been formulated and communicated to the regional level?

REGIONAL

REPORTING PROCESS	PROCEDURES	PERSONS INVOLVED	IMPROVEMENTS
Approval of Regional Office Plans			
Monthly Reports			
Quarterly Reports			
On-Site Inspection			
MEETINGS: Regional Program Director			
Other			
Other			

8.b. To the Local level?

REPORTING PROCESS	PROCEDURES	PERSONS INVOLVED	IMPROVEMENTS
Monthly Reports			
Quarterly Reports			
On-Site Inspection			
MEETINGS: Regional Program Director			
Other			
Other			

b. Planning

1. What type of needs assessment is carried out at the various HS levels in order to adequately plan programs?

National Level: ______________________________

____

____

____

____

Regional Level: ______________________________

____

____

____

____

Local Level: ______________________________

____

____

____

____

____

2. Describe the planning process that is followed at the three levels to incorporate the results of needs assessments into sound programming?

(person involved)

National Level: ____________________ ____________________

Regional Level: ____________________ ____________________

Local Level: ____________________ ____________________

3. Rank the effectiveness of both the needs assessments and total planning processes at each level of HS.

LEVEL	EFFECTIVENESS				
	Excellent	Very Good	Good	Poor	Fair
National Needs Assessment Planning Process					
Regional Needs Assessment Planning Process					
Local Needs Assessment Planning Process					

c. Budget

1. Generally, what factors determine funding levels for Head Start? (e.g. changes at OEO)

2. By $ category, what are the FY 74 and FY 75 funding levels and determining factors for Head Start within OCD?

CATEGORY OF $	FUNDING LEVEL		DETERMINING FACTORS
	FY 74	FY 75	
Total OCD			
Total HS			
Program			
Experimental			
T&TA			
S & E			
Other			

3. Within Head Start, what factors determine allocation of monies to PMD, CDTA, PCCS and IMPD? What percent of HS monies goes (went) to each division for FY 74 and FY 75?

H.S. DIVISIONS	FACTORS DETERMINING ALLOCATION	$ MONEY	
		FY 74	FY 75
PMD			
CDTA			
PCC			
IMPD			
OTHER			

4. To what extent are HS dollars used to fund units other than HS within OCD? (FY 74 only)

O.C.D. UNITS	ABS. H.S. $ =	% OF UNIT'S BUDGET
Planning and Analysis		
Congressional Liaison		
Regional Support		
CDSB		
P.D. & I.		
Day Care		
Children's Bureau		
Public Education		
Child Advocacy		
R & E		

7. What is the formula for the distribution of all HS T/TA $ between HQ and the Regions?

HQ:

Regions:

8. What categories of expenditures of T/TA are there at both the national and regional level?

		AMOUNT
National:		
Regional:		

9. On what basis is T/TA money alloted to each Region? Will you specify by region?

REGION	BASIS FOR ALLOCATION
I	
II	
III	
IV	
V	
VI	
VII	
VIII	
IX	
X	
IMPD	

10. What procedures are set up to dispense these T/TA monies? Elaborate.

Funding Cycle: ______________________________

____

____

____

Gramts: ______________________________

____

____

____

Contracts: ______________________________

____

____

____

11. Do you have a cost-control system in HQ?

Yes__________ No__________ Specify:

UNIT	YES/NO	EFFECTIVENESS					COMMENTS: IMPROVEMENTS NEEDED
		Exc.	Very Good	Good	Fair	Poor	
HS-HQ							
PMD							
CDTA							
IMPD							
PCC							
CDSB							
PD&I							
Day Care							
CB							
ROs							
I							
II							
III							
IV							
V							
VI							
VII							
VIII							
IX							
X							

12. What attempts are (have) being (been) made to analyse HS expenditures in terms of cost/benefit effectiveness? Specify.

UNIT	TYPE OF COST BENEFIT ANALYSIS	COMMENTS
HS-HQ		
PMD		
CDTA		
IMPD		
PCC		
ROs		
I		
II		
III		
IV		
V		
VI		
VII		
VIII		
IX		
X		

d. Staffing

1. Describe the organizational pattern of HS at the national office and the function of each division/unit:
Also detail, division by division, the number of professionals, support staff, and consultants:

DIVISION	FUNCTIONS	CHIEF	# PROF. STAFF/SLOTS	# SUP. STAFF/SLOTS	# OF CONSULTANTS	# OF MANDAYS
HS-HQ						
PMD						
CDTA						
IMPD						
PCC						
PD&I						
Day Care						
CB						
RSD						
Cong. Liaison						
Planning & Analysis						

2. How would you describe the cooperation demonstrated between the various national office divisions in mutually accomplishing stated objectives?

RELATIONSHIP	LEVEL OF COOPERATION				
	Excellent	Very Good	Good	Fair	Poor
WITHIN HS CDTA-PMD					
CDTA-IMPD					
CDTA-PCC					
WITHIN CDSB HS-PD&I					
HS-Day Care					
WITHIN OCD HS-RSD					
HS-Planning					
HS-Cong. Liaison					
HS-CB					

3. What staff deficiencies prevent the national office of HS from achieving HS objectives, completing HS initiatives, etc.?

____

____

____

____

____

____

4. What improvements could be made in the staffing of the HS HQ office?

5. How would you describe the "capacity to adapt to change" of the HQ staff? (Change vis-a-vis goals, objectives, initiatives, policies, practices, etc.)

DIVISION/UNIT	CAPACITY TO ADAPT TO CHANGE				
	Excellent	Very good	Good	Fair	Poor
HS					
PMD					
CDTA					
IMPD					
PCC					
CDSB					
PD&I					
Day Care					
CB					

6. How much time do you and your staff spend in direct contact with RO? Explain in terms of specific contact persons and functions.

STAFF PERSON	REG. CONTACT	FUNCTION	# DAYS	= % of TIME
Respondent				

7. How much time do you and your staff spend in direct contact with locals? Explain in terms of specific contact persons and functions.

STAFF PERSON	LOCAL CONTACT	FUNCTION	# DAYS	= % of TIME
Respondent				

e. Cooperation with Other Agencies

1. What other agencies (besides HEW) on the national level do you relate to or co-operate with in striving to accomplish HS goals and objectives? Explain in terms of both type and success of co-operative program:

AGENCY	PROGRAM	SUCCESS				
		Excellent	Very Good	Good	Fair	Poor

2. Can you suggest additional interagency contacts or activities, at the national level, that would benefit HS? Specify:

f. T&TA

DEFINITION AND TYPES OF HS T&TA

1. Would you define each of the terms "training" and and "technical assistance"?

Training:____

Technical Assistance:____

2. What is the role of CDTA at the national level?

____

2.a. Role in relation to Regional Offices?

2.b. Role in relation to Local programs?

3. How would you rank CDTA effectiveness as a division of HS national office? In relation to Regional office and Local programs?

LEVEL	EFFECTIVENESS				
	Excellent	Very Good	Good	Fair	Poor
National					
Regional					
Local					

4. Can it be improved?

Yes__________ No__________

IF YES, HOW?

a. National Level:____________________

b. Regional Level:____________________

c. Local Level:____________________

5.a. What is the function of the following components in relation to local grantees?

b. How effective is each?

c. What improvements can you suggest?

COMPONENT	a. FUNCTION	EFFECTIVENESS					c. IMPROVEMENTS
		Exc.	Very Good	Good	Fair	Poor	
RO							
ARD							
RPD							
RTO/STO							
HSST							
LDP							
RO T/TA Committee							
Staff Development Coordinator							
Community Reps.							
RO Specialist							
PR&R (T&TA) Specialist							
Grants Manager							
State Director							
State Training Center							
State T/TA Committee							
State H.S. Association							
Demonstrator Classroom							
High Impact Grantee							
Other							

DEFINITION AND TYPES OF PROVIDERS

6. How would you define the role of providers?

7. What types of providers are there (e.g., university/college, agencies, individual consultant, etc.)?

8. In theory, what is the difference between staff providing T&TA and T&TA providers?

National Level:

Regional Level:

State Level:

Local Level:

9. In practice, can you cite instances where T&TA staff members function as providers?

National Level:

Regional Level:

State Level:

Local Level:

SELECTION OF PROVIDERS

10. How do you assess the capability of a provider?

11. What criteria are involved in selecting nationally-funded providers? b. Regionally-funded providers? c. Directly-funded providers? d. Who makes the decision about these criteria? e. What is his position?

PROVIDER	CRITERIA	DECISION-MAKER	POSITION
a. Nationally-Funded			
b. Regionally-Funded			
c. Directly-Funded			

12. Rank the effectiveness of the process of selection of T/TA providers.

TYPE OF PROVIDER	EFFECTIVENESS				
	Excellent	Very Good	Good	Fair	Poor
Nationally-funded					
Regionally-funded					
Directly-funded					

13. What improvements could be made in the process of selection of T/TA providers?

Nationally-funded: ____

____

____

____

Regionally-funded: ____

____

____

____

Directly-funded: ____

____

____

____

MANAGEMENT OF PROVIDERS

14.a. What system do you use to manage the delivery of T/TA through providers? b. How does it function? c. What are the activities relating to each of these functions? d. What persons are involved in these activities? e. What percent of time do you and your staff spend on these activities?

a. SYSTEM	b. FUNCTION	c. ACTIVITIES RELATING TO FUNCTION	d. PERSONS INVOLVED	e. PERCENT OF TIME	
				Respondent	Staff
Approval of Plans					
Approval of Grants/ Contracts					
Other					

15.a. Are Regionally-funded and Directly-funded providers managed in a way different from other T/TA providers?

b. If yes, How?

PROVIDER	YES	NO	MANAGEMENT DIFFERENT
Regionally-Funded			
Directly-Funded			

16. Rank the effectiveness of the system used to manage the T/TA providers at each level.

LEVEL	EFFECTIVENESS				
	Excellent	Very Good	Good	Fair	Poor
National					
Regional					
Local					

17. What improvements could be made in the process of managing T/TA providers at each level?

National: ____________________

Regional: ____________________

Local: ____________________

18. Describe whatever process it is you use to track the delivery of T&TA by providers (on-going or at intervals?)

At the National Level: ______________________________

____

____

At the Regional Level: ______________________________

____

____

At the Local Level: ______________________________

____

____

____

19. Rank the effectiveness of the system used to track the delivery of T&TA by providers.

LEVEL	EFFECTIVENESS				
	Excellent	Very Good	Good	Fair	Poor
National					
Regional					
Local					

20. What improvements could be made in the process of tracking the delivery of T&TA by providers at each level?

National: ____

____

____

Regional: ____

____

____

Local: ____

____

____

____

21. In what ways is the management of HS a user of T&TA? (HQ & RO levels)

National: ____

____

____

Regional: ____

____

____

____

22. Define "consultant utilization" contracts:

23. Detail current "consultant utilization" contracts benefitting the HQ and RO management:

CONTRACT	TARGET	SCOPE	DURATION	$

24. Rank the effectiveness, in general, of current T&TA being provided to HS management at HQ and RO levels:

LEVEL	EFFECTIVENESS				
	Excellent	Very Good	Good	Poor	Fair
HQ					
RO					

25. What improvements could be made in the providing of T&TA to HS management at the following levels?

National Level: ______________________________

Regional Level: ______________________________

26. On the basis of your understanding, what percent of training services and of technical assistance services are offered to each of the following local program people? How would you rate the effectiveness of these services?

Target	% of Service Type			Effectiveness				
				Exc.	VG	Gd.	Fair	Poor
Professional Staff	T ___%	TA ___%	T					
			TA					
Paraprofessional Staff	T ___%	TA ___%	T					
			TA					
Support Staff	T ___%	TA ___%	T					
			TA					
Parents	T ___%	TA ___%	T					
			TA					
	100%	100%						

27. Presumably these services, T & TA, were provided as listed above in response to local needs assessment. Do you think the actual local needs were met by the pattern of T & TA you've just described? Explain:

g. Evaluation

1. What is the evaluation system of the national office of HS?

2. How are funds allocated for it?

3. Who is responsible for implementing the system?

REGIONAL OFFICE GUIDELINE

OUTLINE

1. Objectives/Policy and Guidance
    - A. Objectives
    - B. Policy and Guidance

2. Implementation of Objectives
    - A. General Orientation
        - 1. T/TA Differentiations
        - 2. Role of CDTA

    - B. Administration of T/TA at the RO Level
        - 1. Planning
        - 2. Budgeting
        - 3. Staffing
        - 4. Evaluation (System)

    - C. T/TA Providers
        - 1. Types of Providers & Techniques Utilized
        - 2. National
        - 3. Regional
        - 4. Local

    - D. T/TA Users
        - 1. RO
        - 2. Local

REGIONAL OFFICE INTERVIEW GUIDE

August, September, October, 1974

PERSON INTERVIEWED ____________________________

____

Position ____________________________

How Long ____________________________

Scope of Responsibility ____________________________

____

____

____

____

Location ____________________________

____

Date Interviewed ____________________________

Interviewer ____________________________

I. OBJECTIVES/POLICY AND GUIDANCE

A. OBJECTIVES

1. a. Do RO staff have the opportunity for direct input into the development of national objectives? If yes, specify input. Yes No

b. Do local program staff have the opportunity for direct input into the development of national objectives? If yes, specify input. Yes No

2. a. Do RO staff have the opportunity to react or comment on draft national objectives? Yes No

b. Do local program staff have the opportunity to react or comment on draft national objectives? Yes No

3. Does your office develop regional objectives? Yes No

4. Describe the process by which the Regional H.S. objectives are formulated.

pe of ocess	Information		# of Meetings Per Year	Purpose	Outcomes	Participants/Chairpers
	Temp	Perm				
mmittees						
sk Forces						
oc Groups						
er						

5. Are there inputs from any state level offices and/or local programs that affect the setting of Regional H.S. objectives?

State level: ____________________

Local level: ____________________

6. Do other agencies within HEW (OD, HD, OCD, etc.) affect the formulation of Regional objectives? If yes, specify. Yes No

7. Do other agencies of the Federal government (USDA, DOL, etc.) affect the formulation of Regional objectives? If yes, specify. Yes No

8. In what ways can the total process of formulating Head Start regional objective be improved? For instance, should there be more or less input from local programs? Should the scope, type or timing of this input be changed?

OFFICE	INPUT			SCOPE CHANGED		TYPE		TIMING	
	More	Less	No Change	Yes	No	Yes	No	Yes	No
Local Program									
COMMENTS:									
Others									
COMMENTS:									

9.a. Do you think national HS conferences are useful? Yes No

b. If yes, would you like to have more held? Yes No

10. Do these conferences offer actual opportunity for local program input into the HQ? Yes No

11. How would you rate the success of your Region in achieving FY74-FY75 objectives? Specify. Is there documentation?

FY 74 - HS OBJECTIVES	Excellent	Very Good	Good	Fair	Poor	Documentation	
						Yes	No
1. Performance Standards by 6-30-74							
2. Needs Assessment System (local) by 6-30-74							
3. T/TA Needs Assessment							
4. Cost Management Guidelines by 4th quarter FY 74							
5. Process for review and support of OCD RO implementation of HS objectives, policies by first quarter FY 74.							
6. 10% of enrollment opportunities for handicapped.							
7. Screening and diagnostic tools by 6-30-74							
FY 75 - HS OBJECTIVES							
1. Performance Standards							
2. High Impact Grantee Effort							
3. Handicapped							
4. Local Needs Assessment							

12. Are there problems that exist in the Regional Office of Head Start which prevent you from successrully achieving Head Start objectives, initiatives, etc.? If yes, explain. Rate each on a scale of 1 to 5, with 1 being most severe. Yes No

Type of Problem	Comments	Severity of Problem
		1 2 3 4 5 None
		1 2 3 4 5 None
		1 2 3 4 5 None
		1 2 3 4 5 None
		1 2 3 4 5 None

13. How would you describe the overall cooperation demonstrated between your regional office and the national office divisions in mutually accomplishing stated objectives?

RELATIONSHIP	LEVEL OF COOPERATION				
	Excellent	Very Good	Good	Fair	Poor
RO-HQ RO-PMD					
RO-CDTA					
RO-PCC					
RO-PD & I					
RO - DAY CARE					
RO - RSD					
RO - Other Regions					
IMPD					
RO-ARD					

B. POLICY & GUIDANCE

14. Do you develop policy at the Regional level? Yes No
If yes, explain.

____

____

____

15. Do you develop guidance for providers? Yes No
For programs? Yes No

In what categories?

Categories	Content	Providers	Programs
Budget			
Administration			
Planning			
Needs Assessment			
Other			

16. Describe the process by which policy and/or guidance is formulated within the RO. Categorize the level of responsibility of each staff person involved:

P = Primary
S = Secondary
M = Minimal
N = None

Process	Type of Policy and/or Guidance	Staff Persons Responsible	Rank			
			P	S	M	N

17.a. What process is followed to disseminate objectives, policy and guidance from the HQ to the RO?

NATIONAL TO REGIONAL					
FORMS	DEFINITION/ PURPOSE	DISSEMINATOR	RECIPIENTS	AUTHORITY/ ENFORCEMENT	IMPROVEMENT
Policy Issuance					
Notice					
Staff Instruction					
Other					

b. From RO to local program?

18. What processes are followed to get feedback regarding dissemination of any policy or guidance after it has been formulated and communicated to the local level?

LOCAL

REPORTING PROCESS	✓	PROCEDURES	PERSONS INVOLVED	IMPROVEMENTS
Approval of State Office Plans				
Monthly Reports				
Quarterly Reports				
On-Site Inspection				
MEETINGS: State Program Director				
Other				
Monitoring				
Other				

II. IMPLEMENTATION OF OBJECTIVES

A. GENERAL ORIENTATION

1. T/TA Differentiation

19. Do you differentiate between training and technical assistance?

Yes_____ No_____

20. How much time is allocated to each (both) by the RO?

(IF RESPONDENT CANNOT SEPARATE T/TA, ENTER FIGURE FOR TOTAL T/TA)

	AMOUNT OF TIME					
	A Great Deal	Quite a Bit	Some	A Little	None	Don't Know
Training						
Technical Assistance						

21. What is the allocation of dollars to each (both)?

(IF RESPONDENT CANNOT SEPARATE T/TA, ENTER FIGURE FOR TOTAL T/TA)

__________________Training__________________Technical Assistance

__________________Combined T/TA

2. Role of CDTA

22. What is the role of CDTA in relation to the RO? Rate the effectiveness of each one discussed.

Activity	Comments	Effectiveness				
		Exc.	Very Good	Good	Fair	Poor
Systems Design						
Policy Clarification						
Planning						
Administration						
Needs Assessment						
Monitoring						
Training Rule Models						
Innovators						
Trainers						
Review of Regional T/TA						
Other						

23. In your opinion, how much improvement is necessary for CDTA to achieve greater effectiveness in relation to the Regional level?

LEVEL	EXTENT OF IMPROVEMENT NEEDED				
	A Great Deal	Quite a Bit	A Little	None	Don't Know
Regional					

24. How can it be improved in relation to the Regional level?

____

____

____

____

____

B. ADMINISTRATION OF T/TA AT THE RO LEVEL

1. Planning

25. On what basis are T/TA needs determined at the Regional level? At the local level? Who is involved in the determination?

BASIS FOR DETERMINATION	PERSONS INVOLVED																		
	ARD	RPD	RTO/STO	CR	RO Specialist	PR&R Specialist	RO T/TA Committee	Grants Manager	State Director	State T/TA Committee	State H.S. Assoc.	Providers	Consultants	Program Director	Program Specialist	Program Staff	Parents	Community Persons	Other
REGIONAL Local Needs Assessment																			
Analysis of Reports																			
CR Summaries																			
Reports of T/TA Providers																			
National Objectives																			
Regional Objectives																			
Other																			
LOCAL Community Needs Assessment																			
National Objectives																			
Regional Objectives																			
Other																			

26. What is the process for setting priorities among these needs at the Regional level? Local level?

Regional Level:____________________________________

Local Level:____________________________________

27. How effective is the T/TA needs assessment process at the Regional level? Local level?

	EFFECTIVENESS OF T/TA NEEDS ASSESSMENT PROCESS				
LEVEL	Excellent	Very Good	Good	Fair	Poor
Regional					
Local					

28. Do the types of national objectives which are established create a situation in which effort and money have to be shifted away from legitimate local needs?

Yes____________ No____________

29.a. Describe the T/TA planning process that is followed to incorporate the results of T/TA needs assessment into sound programming at the Regional level. At the local level. What persons are involved?

PROCEDURES	PERSONS INVOLVED
REGIONAL	
LOCAL	

b. Do local programs receive a copy of the RO T/TA plan? Yes No

C. Do local programs have an opportunity to comment or have imput after it has been drafted? Yes No

30. Based on the degree to which T/TA plans and services match the actual needs, rate T/TA planning effectiveness at the national level. Regional level. Local level.

LEVEL	EFFECTIVENESS OF T/TA PLANNING				
	Excellent	Very Good	Good	Fair	Poor
National					
Regional					
Local					

31. Does your T/TA plan match the objectives of:

Most Programs	Quite a Few	Some	A Few	None	Don't Know

32. Are any incentives for good planning offered to the RO?

Yes______________ No______________

To the local program?

Yes______________ No______________

If yes, describe:

____

____

____

____

____

____

____

33. Rate the effectiveness of the coordination between HQ-RO. RO-LP, in relation to needs assessment and planning processes.

	EFFECTIVENESS OF COORDINATION				
OFFICES	Excellent	Very Good	Good	Fair	Poor
HQ-RO•					
RO-LP					

34. What improvements can you suggest to encourage greater cooperation between HQ-RO in regard to the needs assessment and planning process? RO-LP?

HQ-RO: ____________________

RO-LP: ____________________

2. BUDGETING

35. Do you know the formula used to allot T/TA money to each Region?

Yes__________ No__________

36. What is the formula used for the distribution of T/TA money within your Region?

____

____

____

____

37. Do you have any of the following categories of T/TA expenditures in your Region? At the local level? How is each allocated?

CATEGORIES OF T/TA	REGIONAL	LOCAL	BASIS FOR ALLOCATION
HSST			
CDA			
LDP			
Consultants			
Discretionary Funds			
Other			

38. What is the funding cycle for dispensing T/TA monies?

Yearly_______ Other_________

39.a. Do you utilize grants?

Yes____________ No____________

b. Are they awarded as a result of RFP's?

Yes____________ No____________

If no, explain:_______________________________________

____

____

____

____

c. Rate the effectiveness of the grants procedures

EXCELLENT	VERY GOOD	GOOD	FAIR	POOR

40.a. Do you use contract procedures?

Yes______ No______

b. With whom?

Consultants____ Providers____ Other____

If other, explain:______

41.a. Which procedure is more flexible in providing adequate services?

Grants____ Contracts____

b. Why?______

42. What do you do in order to aid local programs in complying with the 20% non-Federal share requirement?

3. Staffing

43. Do you have direct contact with any persons in the following divisions of Head Start's national office? For what purpose? How frequently do you contact them?

DIVISION	PURPOSE	Frequency of Contact				
		Daily	Weekly	Monthly	Yearly	None
CDSB HS						
PMD						
CDTA						
IMPD						
PCC						
PD&I						
Day Care						
RSD						
Other						

44. How would you describe the responsiveness to RO needs of the HS HQ staff? CDTA? RSD? Other?

Office	Excellent	Very Good	Good	Fair	Poor
HS HQ					
CDTA					
RSD					
Other					

45. For each of the following units can you tell me about the number of professional staff and slots alloted? Number of support staff and slots alloted? Number of consultants and mandays?

Unit	# of Prof. Staff/ Slots	# of Support Staff/Slots	Consultants	
			Number	Number of Mandays
ARD				
Overall RO				
RPD				
RTO/STO				
CR				
RO Specialist				
PR&R Specialist				
RO T/TA Comm.				
Grants Manager				
Providers				

46. What is the function of each of the following positions in relation to local programs? To providers? To RO staff? To HQ staff? What amount of time is spent in relation to each category? 1 = A Great Deal, 2 = Quite a Bit, 3 = Some, 4 = A Little, 5 = None, 6 = Don't Know.

Position	FUNCTION			
	To Local Programs	To Providers	To RO Staff	To HQ Staff
ARD (OHD)	____	____	____	____
Overall RO	____	____	____	____
RPD (OCD)	____	____	____	____
RTO/STO	____	____	____	____
CR	____	____	____	____
RO Specialist	____	____	____	____
PR&R (T/TA) Specialist	____	____	____	____

Position	FUNCTION			
	To Local Programs	To Providers	To RO Staff	To HQ Staff
RO T/TA Committee	____	____	____	____
Grants Manager	____	____	____	____
State Director	____	____	____	____
State T/TA Committee	____	____	____	____
State H.S. Association	____	____	____	____
Providers	____	____	____	____
Other	____	____	____	____

47. Do you have specific expectations for your RTO/STO's with regard to the performance of their job? Yes No

If yes, specify.

____

____

____

____

48. Do you have regular training for the RTO/STO's? Yes No

If yes, specify.

____

____

____

____

49. Rate the overall effectiveness of each. What improvements can you suggest in the function of each?

Position	Effectiveness					Improvements
	Ex.	V.G.	G.	F.	P.	
ARD						
Overall RO						
RPD						
RTO/STO						
CR						
RO Specialist						
PR&R Specialist						
RO T/TA Comm.						
Grants Manager						
State Div.						
State T/TA Comm.						
State H.S. Assoc.						
Providers						
Other						

50. Are there functions that are not being met in the RO? If yes, explain.

Yes________ No__________

51. How would you describe the responsiveness to change of each of the following:

DIVISION/UNIT	Responsiveness to Change				
	Excellent	Very Good	Good	Fair	Poor
ARD					
RO					
RPD					
RTO/STO					
CR					
RO Specialist					
PR&R Specialist					
Grants Manager					
T/TA Committee					
Other					

4. EVALUATION

52. Do you have a formal evaluation system in-house? Yes No

by outside consultants? Yes No

Describe:

53. Where do the funds come from for the evaluation?

RO Budget ____________

T/TA Budget ____________

OCD HQ Budget ____________

Other (Specify) ____________

C. T/TA PROVIDERS

54. Types of Providers and Techniques Utilized

1. Which of the following agencies or organizations provide direct T/TA to programs in your Region? Rate the amount of T/TA provided by each.

AGENCIES/ ORGANIZATIONS	FREQUENCY OF T/TA					
	A Great Deal	Quite a Bit	Some	A Little	None	Don't Know
Universities/ Colleges						
Agencies: National						
Regional						
State						
Local						
HS Staff: RTO/STO						
RO						
State						
Local						
Consultants						
Non-profit Corporations						
Other						

55. T/TA can be delivered in 3 distinct settings: inter-program site visits; on-site; and off-site convenings. What type of providers work in each setting? Rate the effectiveness of each setting.

	Type of Provider							Effectiveness				
Setting	Univ/ Coll.	Agencies	RTO/ STO	Other HS Staff	Consul- tants	Non-Prof. Corp.	Other	E.	VG.	G.	F.	P.
Inter-Program Site Visits												
On-Site Convenings												
Off-Site Convenings												

56. Regardless of the setting in which T/TA is provided, numerous techniques to deliver T/TA can be employed. What type of provider uses each technique? Rate the effectiveness of each technique.

	TYPE OF PROVIDER							EFFECTIVENESS				
TYPE OF PRESENTATION	Univ. College	Agencies	RTO/ STO	Other H.S. Staff	Consul.	Non-Profit Corp.	Other	Exc.	V. G.	G.	F.	P.
Workshops Management												
Record-Keeping												
Budget												
Needs-Assessment												
Health												
Parent Involvement												
Education												
Community Services												
Performance Standards												
Other												
Classroom Activities												
Training Packages												
A - V												
Other												

57a. Are local grantees given a choice of techniques of T/TA?	Yes	No

If no, why not?

____

____

____

____

____

b. Who determines which technique is chosen?

____

____

____

____

____

2. National Providers

58. What assistance does your Region get from any of the following national providers? Rate the effectiveness of each. Were these services received because you requested them or because they were offered?

		EFFECTIVENESS						
PROVIDER	ASSISTANCE	Excellent	Very Good	Good	Fair	Poor	Requested/ Received	Not Requested/ Received
AMA								
ADA								
AAP								
U.S. PUBLIC HEALTH								
OTHER								

59. Have you requested T/TA from national providers and not received it? If yes, specify. Yes No

____

____

____

60. Are improvements needed in the service given by these national providers? Yes No

If yes, specify.

____

____

____

61. Do grantees collect data on the delivery of T/TA to their program? Yes No

If yes, how is this information from the grantees gathered and used by the RO?

____

____

____

____

____

____

3. Regionally-Funded Providers

62. How do you assess the capability of a provider?

Criteria	✓	Comments
Initial Professional Qualifications Corporate Experience		
Expertise of Staff		
Familiarity w/community in which operate		
Familiarity w/H.S.		
Familiarity w/child development		
Access to other resources		
Commitment		
Other		
On-Going Level of Performance Feedback from programs		
RO staff evaluations		
Provider reports		
Other		

63. Having made the assessment of a provider's capability, how do you select Regionally-Funded providers? Who makes the decision?

Selection Process	Decision-Maker

64. Rate the effectiveness of the process of selecting Regionally-funded providers

Excellent	Very Good	Good	Fair	Poor

65. Are there improvements that could be made in the selection process? Yes No

If yes, specify.

____

____

____

____

____

IF APPLICABLE, ASK RESPONDENT

66. How do you select RTO/STO's? Who makes the selection?

Decision-Maker:

67. Rate the effectiveness of this selection process.

Excellent	Very Good	Good	Fair	Poor

68. Are there improvements that could be made in the RTO/STO selection process. If yes, specify. Yes No

69. Describe the processes by which regionally-funded providers are managed.

PROCESS	DESCRIPTION	FREQUENCY			
		Weekly	Monthly	Quarterly	Other
Coordination Scheduling					
Coverage not duplicated					
Reporting					
Monitoring					
Other					

70. In the reports submitted by regionally-funded providers, what topics are covered?

Budget ____
Mandays Spent ____
# of Trainees ____
Subjects Covered ____
Materials Used ____
Evaluation ____
Other ____

71. Are all providers required to report in the same way?

Yes ______ No ______

If no, explain the difference: ______________________________

____

____

____

____

____

72. Are there improvements that could be made in the process of managing T/TA providers at the Regional level? Yes No

If yes, specify.

Process	✓	Comments
Coordination Scheduling		
Reporting		
Monitoring		
Other		

73. Are there improvements that could be made in the process of tracking the delivery of T&TA by providers Regionally-funded providers? Yes No

If yes, specify.

____

____

____

____

____

74. Do grantees collect data on the delivery of T/TA to their programs? Yes No

If yes, how is this information from the grantees gathered and used by the RO?

4. DIRECTLY-FUNDED PROGRAMS (Local)

75. On what basis do you select directly-funded programs? Who makes the decision?

Criteria	Comments	Decision-Maker
Administration Management Capability		
Sufficient Staff		

76. Rate the effectiveness of the process of selecting directly-funded programs.

Excellent	Very Good	Good	Fair	Poor

77. Are there improvements that could be made in the selection process? If yes, specify. Yes No

78. Describe the processes by which directly-funded programs are managed.

PROCESS	DESCRIPTION	FREQUENCY			
		Weekly	Monthly	Quarterly	Other
Coordination Scheduling					
Coverage not Duplicated					
Reporting					
Monitoring					
Other					

79. In the reports submitted by directly-funded programs, what topics are covered?

Budget ____
Mandays Spent ____
# of Trainees ____
Subjects Covered ____
Materials Used ____
Evaluation ____
Other ____

80. Are all directly-funded programs required to report in the same way? Yes No
If no, explain the difference.

____

____

____

____

81. Are there improvements that could be made in the process of managing directly-funded programs? Yes No
If yes, specify.

Process	✓	Comments
Coordination Scheduling		
Other		
Reporting		
Monitoring		
Other		

82. Are there improvements that could be made in the process of tracking the delivery of T/TA by directly-funded programs? If yes, specify. Yes No

____

____

____

____

____

83. Do grantees collect data on the delivery of T/TA to their programs? Yes No

If yes, how is this information from the grantees gathered and used by the RO?

____

____

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____

____

____

84. On the basis of your understanding, what percent of training services and of technical assistance services are offered to each of the following local program people? How would you rate the effectiveness of these services?

			Effectiveness				
Target	% of Service Type		Exc.	VG	Gd.	Fair	Poor
Professional Staff	T ______% TA______%	T					
		TA					
Paraprofessional Staff	T ______% TA______%	T					
		TA					
Support Staff	T ______% TA______%	T					
		TA					
Parents	T ______% TA______%	T					
		TA					

100% 100%

85. Presumably these T/TA services were provided as listed above in response to local needs assessment. Do you think the actual local needs were met by the pattern of T/TA you've just described? Explain. Yes No

____

____

____

____

86. Do you think the level of need for T/TA for each of these categories of people was high, medium, or low?

Target	Level of Need		
	High	Medium	Low
Professional Staff			
Paraprofessional Staff			
Support Staff			
Parents			

87. Are certain areas of need (e.g. management skill, aide training, fiscal management) being overlooked? Yes No

If yes, explain.

Areas of Need	Comments
Management Skill	
Aide Training	
Fiscal Management	
Other	

88. Looking back at the training offered by T/TA providers within the past year, generally how much impact or influence has it had on improving local programs in your region?

A Great Deal	Quite A Lot	Some	Very Little	None	Unable to Answer (Probe)

89. Looking back at the technical assistance offered by T/TA providers within the past year, generally how much impact or influence has it had on improving local programs in your region?

A Great Deal	Quite A Lot	Some	Very Little	None	Unable to Answer (Probe)

90. Generally, how satisfied or dissatisfied have you been personally with the training offered by T/TA providers within the past year?

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Unable to Answer (Probe)

91. Generally, how satisfied or dissatisfied have you been personally with the technical assistance offered by T/TA providers within the past year?

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Unable to Answer (Probe)

92. How satisfied or dissatisfied are you with the amount of money available for T/TA to local programs in the region?

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Unable to Answer (Probe)

93. In regard to meeting the needs of your local Head Start unit, how would you rate the T/TA program using the following characteristics?

COMPLETE	4	3	2	1	Unable to Answer (Probe)
HELPFUL	4	3	2	1	Unable to Answer (Probe)
PRACTICAL	4	3	2	1	Unable to Answer (Probe)
INFORMATIVE	4	3	2	1	Unable to Answer (Probe)
TIMELY	4	3	2	1	Unable to Answer (Probe)

D. T/TA USERS (CONSULTANT UTILIZATION CONTRACTS)

1. RO

94. Does your office benefit from consultant utilization contracts? If yes, explain. Yes No

Contractor	Services Provided	Effectiveness				
		Exc.	V.G.	G.	Fair	Poor

95. Rate the effectiveness of this direct T/TA provided to the RO.

Excellent	Very Good	Good	Fair	Poor

96. Are there improvements that could be made in the provision of T/TA to the RO? If yes, explain. Yes No

____

____

____

____

____

97. Do any local programs benefit from consultant utilization contracts? If yes, explain. Yes No

Contractor	Service Provided	# of Programs Receiving	Effectiveness				
			Exc.	V.G.	Good	Fair	Poor

98. Rate the effectiveness of this direct T/TA to local programs.

Excellent	Very Good	Good	Fair	Poor

99. Are there improvements that could be made in the provision of this type of T/TA to the local program? If yes, explain. Yes No

____

____

____

____

____

____

KIRSCHNER ASSOCIATES INC. (Revised 12/3/74)

Time interview begins:

☐

STATE TRAINING OFFICER (STO)
REGIONAL TRAINING OFFICER (RTO)
DIRECTORS OF TRAINING (STATO)
OFFICE OF INDIAN CHILD SERVICES (OICS)

TELEPHONE INTERVIEW GUIDELINE

Person Interviewed ______________________________

Employer ______________________________

Position ______________________________

How Long ______________

How Many STOs (RTOs, etc) Serve in Your State (Region)? __________

How Many Head Start Grantees Are You Responsible To? __________

How Many Head Start Centers Are You Responsible To? __________

Location ______________________________

Date Interviewed ______________

Interviewer ______________

Length of Interview:

☐ min.

I. SCOPE OF RESPONSIBILITY

1. Are any of the following activities within the scope of your responsibility?

CHECK ALL THAT APPLY

Planning and Evaluation

________ Help Head Start Grantee develop needs assessment planning for T/TA

________ Develop Head Start Grantee master plan for T/TA with objectives

________ Use non-STO-input for planning

________ Develop evaluation strategy for Head Start Grantee

________ Conduct on-site assessment

________ Have self-assessment tool

________ Assist Regional Office in planning, etc.

________ Other (Specify)

Delivery

________ Provide consultative services to Head Start Grantee

________ Act as "sole-source provider" of T/TA

________ Identify non-Head Start resources

________ Disseminate materials to Head Start Grantee

________ Train Key Head Start personnel as "trainers"

________ Other (Specify)

Management of Other Providers

________ Select other providers (consultants)

________ Coordinate activities of other providers

________ Evaluate providers

________ Other (Specify)

Other (Specify)

II. EMPLOYER RELATIONSHIP

2. Does your employer provide you with a list of objectives related to your role so you understand fully what is expected of you? Yes No

3. Do you prepare a yearly written T/TA plan for your activities? Yes No

4.a. Do you submit a written report to your employer about your activities? Yes No

b. How often? ______
Monthly ______
Quarterly ______
Other (Explain) ______

5. Are there changes you would suggest to improve the relationship between you and your employer? Yes No

IF YES, EXPLAIN:

Communication

More frequent _____
Less frequent _____
Change nature of _____
Other (Specify) _____

Staff

More _____
People with specific expertise _____
Other (Specify) _____

Planning

Less _____
More comprehensive _____
Better organized _____
More timely _____
Include other people _____
Other (Specify) _____

Funding

Larger salary _____
More money for T/TA _____

Other (Specify)

III. REGIONAL OFFICE RELATIONSHIP

6. Do you coordinate your activities with anyone in the Regional Office? IF YES, WITH WHOM? Yes No

PR&R Specialist ________
CR ______
RTOs ________
Program (or Field) Operations _____
Other (Specify) _______

7. Does RO provide you with a list of objectives related to your role so that you fully understand what is expected of you? Yes No

8. a. Are there meetings among all STOs/RTOs/STATOs/OICSs in your State/Region for the exchange of ideas and information? Yes No

IF "NO", ASK:

b. Would such meetings be of value to you? Yes No

9. Do you submit a yearly written T/TA plan to the RO? Yes No

10. a. Do you submit written reports to the RO about your activities? Yes No

b. How often do you send the RO a report?

Monthly _____
Quarterly _____
Other (Specify) _____

11. Are there changes you would suggest to improve your relationship with the Regional Office? Yes No

IF YES, EXPLAIN:

Communication

More frequent ______
Less frequent ______
Change nature of ______
Other (Specify) ______

Staff

More ______
People with specific expertise ______
Other (Specify) ______

Planning

Less ______
More comprehensive ______
Better organized ______
More timely ______
Include other people ______
Other (Specify) ______

Funding

Larger salary ______
More money for T/TA ______

Other (Specify)

LOCAL GRANTEE/CENTER RELATIONSHIP

12. What criteria determine your assignment to a grantee?

    In geographic area I serve _____
    Other (Specify) _______

13. On what basis do you determine when and for what purpose to visit the local grantee/center? NAME ITEMS LISTED BELOW

    At their request ______
    Routinely (based on T/TA plan) _______
    RO recommendation _______
    Other (Specify) ________

14. Now, think of all the centers in your area. Are there some you are unable to serve as you would like to because of their distance from your office? Yes No

15. a. In regard to the overall T/TA planning and needs assessment process at the local level, how much improvement do you think is needed?

A Great Deal Quite a Bit Some A Little None Don't Know

IF RESPONSE IS "A GREAT DEAL," "QUITE A BIT," OR "SOME," ASK:

b. Can you give one or two ways in which this improvement could be accomplished?

1. ______________________________

   ____

2. ______________________________

   ____

V. GENERAL MANAGEMENT AND DELIVERY ACTIVITIES

16. Do you attempt to distribute your time according to any set formula, e.g. 30% to coordinating T/TA activities, 30% to providing consulting help directly to the Locals, 20% providing Training to Head Start Grantee and 20% to administrative tasks? Yes No

IF YES, EXPLAIN:

____

____

____

____

17. Do you participate at least once a year in any of the following activities to increase your skill and expertise? READ THE LIST

Attend refresher courses/seminars/conferences ____
Read current literature in particular field ____
Collect new audio-visual materials ____
Collect new kits/packets ____
Subject self to evaluation from trainees ____
from other trainers ____
Other (Specify) ____

18. Name the three categories of T/TA you most frequently offered in Fiscal Year 74. In Fiscal Year 75.

Categories of T/TA	FY 74	FY 75
Education		
Parent Involvement		
Social Services		
Health		
Medical		
Dental		
Mental		
Nutrition		
Handicapped		
Needs Assessment		
Management Skills		
Fiscal Management		
Record-Keeping		
Performance Standards		
Other (Specify)		

19. Are there certain areas of need (e.g., management skill, aide training, fiscal management) in which T/TA is not adequate? CHECK THOSE NAMED. Yes No

Management skill ______

Aide training ______

Fiscal management ______

Other (Specify) ______

20. a. Do you evaluate the T/TA you provide? Yes No

IF YES, ASK:

b. What methods do you use?

Trainees fill out report about session(s) _____

Verbal exchange between trainees and self _____

Non-participant staff observe session(s) and make report _____

Other (Specify) _____

That completes the interview. Thank you very much for your help.

Time interview ends:

APPENDIX Part 3

Interview Instruments

This third and final part of the appendix contains copies of the OMB-approved interview instruments that were used with National, Regional and Local Providers, as well as with Local Program Directors, Staff, Parents, and Community Leaders.

KIRSCHNER ASSOCIATES INC.

Time interview begins:

☐

TELEPHONE SURVEY
HEAD START DIRECTORS
EVALUATION OF TRAINING AND TECHNICAL ASSISTANCE

NAME: ______________________________

DIRECTOR OF: ______________________________

(CIRCLE ONE: DELEGATE AGENCY PROGRAM CENTER)

LOCATION: ______________________________

NUMBER OF CENTERS SERVED: ______________________________

____

LOCATIONS: ______________________________

____

____

NUMBER OF CHILDREN SERVED: ______________________________

LENGTH OF SERVICE AS DIRECTOR: ______________________________

TELEPHONE: ( ) ______________________________

INTERVIEWER: ______________________________

DATE: ______________________________

LENGTH OF INTERVIEW: ______________ Minutes

FOR OFFICE USE ONLY:

LOG __________ BY __________ DATE __________

EDIT __________ BY __________ DATE __________

(1-17)

1. What is the population of the area in which your program is located?

USE THE POPULATION OF THE AREA WHERE THE MAJORITY OF THE PEOPLE SERVED BY THE PROGRAM ARE LOCATED. IF THE PROGRAM INCLUDES CENTERS IN AREAS THAT FIT INTO TWO DIFFERENT POPULATION CATEGORIES, SPECIFY THE TWO BY CIRCLING THE APPROPRIATE POPULATIONS.

Below 2,500	1	(18)
2,500 - 10,000	2	
10,000 - 50,000	3	☐
50,000 - 250,000	4	
Over 250,000	5	
Combination	6	

2. Do you consider your program to be in an area that is urban, suburban, or rural?

USE THE DESCRIPTION OF THE AREA WHERE THE MAJORITY OF THE PEOPLE SERVED BY THE PROGRAM ARE LOCATED. IF THE PROGRAM INCLUDES CENTERS IN TWO DIFFERENT KINDS OF AREAS, E.G., RURAL AND URBAN, SPECIFY THE TWO BY CIRCLING THE APPROPRIATE RESPONSES.

Urban	1	(19)
Suburban	2	
Rural	3	☐
Combination	4	

3. What is the name and location of your grantee?

Name ______________________________________

Location ____________________________________

4. Is the grantee a community action agency or a single-purpose agency?

Community Action agency	1	
Single-purpose agency	2	(20)
Other (Specify)	3	
____________________		
____________________		

5. How many children does it serve? ________________ (21-24)

6. a. Are you a single-purpose program?

Yes	1	(25)
No	2	

IF NO, ASK:

b. Would you explain, please?

____

____ (26)

____

____

7. Are you connected with any of the following:

READ THE LIST AND CIRCLE THOSE CONNECTED WITH

Home Start	1	
Health Start	2	(27)
Child and Family Resource Program	3	
Parent & Child Centers	4	

8. Are you designated as a High Impact Grantee?

Yes	1	(28)
No	2	

9. a. Do you have any children enrolled in home-based activities?

Yes	1	(29)
No	2	

IF "YES," ASK:

b. How many? _____ (30-32)

10. Now I'd like to get some information on the makeup of your program staff. How many full- and part-time personnel do you have serving as:

READ THE LIST AND ENTER THE APPROPRIATE NUMBER

	Full-time	Part-time
1. Administrators	_____ (33)	_____ (53)
2. Coordinators		
Education	_____ (34)	_____ (54)
Parent Involvement	_____ (35)	_____ (55)
Social Services	_____ (36)	_____ (56)
Career Development	_____ (37)	_____ (57)
Health	_____ (38)	_____ (58)
3. Teachers	_____ (39-40)	_____ (59-60)
4. Teachers' Aides	_____ (41-42)	_____ (61-62)
5. Support Staff		
Clerical	_____ (43)	_____ (63)
Bookkeepers	_____ (44)	_____ (64)
Cooks	_____ (45-46)	_____ (65-66)
Bus Drivers	_____ (47-48)	_____ (67-68)
Other	_____ (49)	_____ (69)
6. Other (Specify)	_____ (50)	_____ (70)
7. Total	_____ (51-52)	_____ (71-72)

11. What is your total program budget? (73-79)

$__________ ☐☐☐☐☐☐☐

(80)

1

Card 2

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (1-17)

12. What is your total training and technical assistance budget? (18-23)

$________ ☐☐☐☐☐☐

13. Do you receive money directly from the Regional Office to buy your own training and technical assistance?

Yes 1 (24)
No 2

The next set of questions is being asked in order to determine from how many and what kinds of sources (national or regional, local, or non-Head Start) your program receives training and technical assistance.

14. From which national training and technical assistance providers have you received services during the past year?

READ THE LIST AND CIRCLE ALL THAT APPLY

HEALTH		
American Academy of Pediatrics	1	(25)
U.S. Public Health Service	1	(26)
American Psychological Association	1	(27)
American Dietetic Association	1	(28)
HANDICAPPED		
Council for Exceptional Children	1	(29)
Technical Assistance Development	1	(30)
System (TADS) (FY 1974)	1	(31)
Communications Research Lab (FY 1975)	1	(32)
MATERIALS		
Modern Talking Pictures	1	(33)
Educational Resources Information Center (ERIC)	1	(34)
Inter-American Research Association	1	(35)
HSST/CDA		
High Scope Foundation	1	(36)
CDA Consortium	1	(37)
UNIDOS Management Associates	1	(38)
SPECIFIC GRANTEE (IMPD,PCC,CFRP)		
Social Dynamics	1	(39)
Transcendental Corporation	1	(40)

15. What percent of all the training and technical assistance you received in the past year came from these national providers?

_______%

(41-42) ☐☐

16. From which regionally-funded training and technical assistance providers have you received services during the past year?

READ THE LIST AND CIRCLE ALL THAT APPLY. LIST SOURCES IF RESPONDENT VOLUNTEERS INFORMATION.

Head Start Supplementary Training ____________________	1	(43)
Child Development Associate Program ____________________	1	(44)
State (Regional) Training Office ____________________	1	(45)
Regional Resources and Training Center (Region III Only)	1	(46)
Other (Specify) ____________________	1	(47)

17. What percent of all the training and technical assistance you received in the past year came from these regional providers?

(48-49)

________%

☐☐

IF RESPONDENT'S PROGRAM IS NOT DIRECTLY-FUNDED FOR TRAINING AND TECHNICAL ASSISTANCE, GO TO QUESTION #20.

FOR ALL DIRECTLY-FUNDED PROGRAMS, ASK:

18. From what types of local training and technical assistance providers have you bought services during the past year?

READ THE LIST AND CIRCLE ALL THAT APPLY. LIST SOURCES IF RESPONDENT VOLUNTEERS INFORMATION.

Public Schools	____________	1	(50)
Universities/Colleges	____________	1	(51)
Community agencies			
Public	____________	1	(52)
Private	____________	1	(53)
Private companies	____________	1	(54)
Churches	____________	1	(55)
Private consultants	____________	1	(56)
Other (Specify)	____________	1	(57)

19. What percent of all training and technical assistance you received in the past year came from these local providers?

_____%

(58-59)

ALL RESPONDENTS CONTINUE.

20. From what types of non-Head Start organizations have you received (without cost) training and technical assistance services during the past year?

READ THE LIST AND CIRCLE ALL THAT APPLY. LIST SOURCES + TYPE OF T/TA IF RESPONDENT VOLUNTEERS INFORMATION.

Public Schools	______	1	(60)
Universities/Colleges	______	1	(61)
Community agencies			
Public	______	1	(62)
Private	______	1	(63)
Private companies	______	1	(64)
Churches	______	1	(65)
Private consultants	______	1	(66)
Other (Specify)	______	1	(67)

21. What percent of all training and technical assistance you received in the past year came from non-Head Start sources?

_____%

(68-69)

CHECK TO BE SURE THAT PERCENTS ADD UP TO 100%. IF NOT, ASK RESPONDENT TO RECALCULATE FIGURES AS CAREFULLY AS POSSIBLE TO REFLECT PROPORTIONS OF TRAINING AND TECHNICAL ASSISTANCE FROM EACH SOURCE AND STILL TOTAL 100%.

Source	%
National Providers	____
Regional Providers	____
Local Providers (If applicable)	____
Non-Head Start	____
	100%

22. Of all the personnel in your program, which group (directors and coordinators, teachers and aides, support staff, or parents) received the most training and technical assistance during the past year?

	Directors/ Coordinators (1)	Teachers/ Aides (2)	Support Staff (3)	Parents (4)	
Most	____	____	____	____	(70) ☐
Second Most	____	____	____	____	(71) ☐
Third Most	____	____	____	____	(72) ☐
Least	____	____	____	____	(73) ☐

Of the remaining three groups, who received the second most training and technical assistance this past year?

Of the remaining two groups, who received more?

23. Generally, how satisfied or dissatisfied have you been with the training and technical assistance your program has received in the past year? Would you say very satisfied, satisfied, dissatisfied, very dissatisfied?

Very satisfied	30	
Satisfied	31	(74-75)
Dissatisfied	32	
Very dissatisfied	33	

24. How much impact has the training and technical assistance you have received in the past year had on improving your program? Would you say a great deal, quite a bit, some, a little, or none?

A great deal	20	
Quite a bit	21	(76-77)
Some	22	
A little	23	
None	24	

25.a. Do you have any objections to being further interviewed on-site should your program be selected for additional study?

Yes	1	(78)
No	2	

IF "YES," ASK:

b. Would you explain why?

____

____

____

(79) ☐

(80) 2

Thank you very much for your time. You have been most helpful.

Time interview ends: ☐

NATIONAL

EVALUATION OF THE OVERALL EFFECTIVENESS OF PROJECT HEAD START TRAINING AND TECHNICAL ASSISTANCE PROGRAMS (NATIONALLY)

CASE STUDY REGION INTERVIEW

CAREER DEVELOPMENT AND TECHNICAL ASSISTANCE DIVISION
OFFICE OF CHILD DEVELOPMENT

KIRSCHNER ASSOCIATES

March, 1975

KIRSCHNER ASSOCIATES INC.

Time Interview begins:

☐

TELEPHONE INTERVIEW
HEAD START PROVIDERS (DIRECTORS AND STAFF)
EVALUATION OF TRAINING AND TECHNICAL ASSISTANCE

NAME: ____________________

INTERVIEWER: ____________________

DATE: ____________________

LENGTH OF INTERVIEW: ____________ Minutes

FOR OFFICE USE ONLY:

LOG ____________ BY ____________ DATE ________

EDIT ____________ BY ____________ DATE ________

085-575001 Expires 6/76

KIRSCHNER ASSOCIATES INC.

TELEPHONE PROVIDER INTERVIEW

☐☐☐☐☐☐☐☐☐ (1-9)

NAME OF ORGANIZATION: ______________________________

LOCATION: ______________________________

____

TYPE OF PROVIDER: CIRCLE APPROPRIATE ANSWER

Nationally-Funded Regionally-Funded

State-Funded Directly-Funded

DESCRIPTION OF CURRENT (FISCAL YEAR 1975) HEAD START TRAINING AND TECHNICAL ASSISTANCE:

______________________________ (10-11) ☐☐

______________________________ (12-13) ☐☐

______________________________ (14-15) ☐☐

______________________________ (16-17) ☐☐

LENGTH OF CURRENT CONTRACT: ______________________________ (18-19) ☐☐

NUMBER SERVED:

FILL IN ALL SPACES THAT ARE APPLICABLE

REGIONS ____________________ (20-22) ☐☐☐

GRANTEES ____________________ (23-25) ☐☐☐

CENTERS ____________________

CHILDREN ____________________ (26-29) ☐☐☐☐

LOCATIONS: CIRCLE ANSWER APPROPRIATE TO TYPE OF PROVIDER

NATIONAL PROVIDERS:	All Regions in Country	1	(30)
	Some Regions (Specify) ____________	1	(31)
REGIONAL PROVIDERS:	All Grantees in Region	1	(32)
	Some Grantees (Specify) ____________	1	(33)
STATE PROVIDERS:	All Grantees in State	1	(34)
	Some Grantees (Specify) ____________	1	(35)
LOCAL PROVIDERS:	Local Grantee	1	(36)
	Other (Specify) ____________	1	(37)

PREVIOUS HEAD START TRAINING AND TECHNICAL ASSISTANCE PROVIDED:

_______________________________________ (38-39) ☐☐

_______________________________________ (40-41) ☐☐

_______________________________________ (42-43) ☐☐

RESPONDENT'S OFFICE LOCATION: _______________________________

____

RESPONDENT'S POSITION: _______________________________ (44) ☐

SCOPE OF RESPONSIBILITY: **CIRCLE ALL THAT APPLY**

Administrator of T&TA	1	(45)
Planner of T&TA	1	(46)
Deliverer of T&TA	1	(47)
Other (Specify) ____________	1	(48)

LENGTH OF TIME IN POSITION: _______________________________ (49-50) ☐☐

PREVIOUS RELATED EXPERIENCE: _______________________________ (51-52) ☐☐

_______________________________________ (53-54) ☐☐

_______________________________________ (55-56) ☐☐

____

____

EDUCATION: **CHECK ALL THAT APPLY**

		SUBJECT
High School Diploma	____	
Technical School	____	
Some College	____	____________
B.A./B.S.	____	____________
M.A./M.S.	____	____________
Ph.D.	____	____________
Other (Specify) ____________	____	____________

(57) ☐

(58-59) ☐☐

PART A

I would like to ask you some questions related to the management and delivery of training and technical assistance, and about the excellence of the T&TA that you have provided.

FOR STAFF, GO TO QUESTION # 4.

FOR DIRECTORS ONLY

1. First, I would like to get some information about how many and what categories of staff people work in your organization. For each position I mention, please tell me how many are full-time and how many are part-time. Would you also tell me the educational background of each trainer and the length of time each has been serving as a trainer?

IF STAFF IS SO LARGE THAT SUCH A BREAKDOWN IS TOO COMPLEX, GET TOTAL NUMBER OF: EACH CATEGORY OF STAFF (DIRECTORS, ADMINISTRATORS, SPECIALISTS/PROFESSIONALS, ETC.); FULL-TIME OR PART-TIME STAFF IN EACH CATEGORY; TYPE OF EDUCATION (HIGHEST DEGREE AND SUBJECT MATTER) IN EACH CATEGORY; AND AVERAGE LENGTH OF TIME AS TRAINER IN EACH CATEGORY.

			Education			
	Full-Time	Part-Time	Highest Degree	Subject Matter	Length Of Time As Trainer	
Director/ Administrators						(60-63) ☐☐☐☐
						(64-68) ☐☐☐☐☐
Specialists/ Professionals						(69-72) ☐☐☐☐
						(73-77) ☐☐☐☐☐
						(78-79) Blank

(80)

Card 2

KIRSCHNER ASSOCIATES INC. ☐☐☐☐☐☐☐☐☐ (1-9)

			Education			
	Full-Time	Part-Time	Highest Degree	Subject Matter	Length Of Time As Trainer	
Consultants						(10-13) ☐☐☐☐
						(14-18) ☐☐☐☐☐
Support Staff						(19-22) ☐☐☐☐
						(23-27) ☐☐☐☐☐
Other (Specify)						(28-31) ☐☐☐☐
						(32-36) ☐☐☐☐☐

2. Was your organization hired as a result of a grant or a request for a proposal (RFP) leading to a contract?

Grant	1	(37)
Contract	2	
Other (Specify)________ ____________	3	
Don't Know	8	
Not Applicable	9	

3. Which procedure, grants or contracts, is more flexible in providing adequate services?

Grants	1	(38)
Contracts	2	
Don't Know	8	
Not Applicable	9	

ALL RESPONDENTS CONTINUE

4. Which of the following criteria do you use to determine what you will do as a provider?

READ THE LIST AND CIRCLE ALL THAT APPLY

National Head Start Objectives	1	(39)
Regional Head Start Objectives	1	(40)
Local Head Start Objectives	1	(41)
Performance Standards	1	(42)
Community Needs	1	(43)
Staff Needs	1	(44)
Volunteer Needs	1	(45)
Parent Needs	1	(46)
Amount of Money Available	1	(47)
T&TA Plan	1	(48)
Part of Grants Application	1	(49)
Contract Requirements	1	(50)

Other Contractors	1	(51)
Other (Specify) ________ ____________________	1	(52)
Don't Know	8	
Not Applicable	9	

5. In order of importance, list the top three criteria you use to determine your training and technical assistance activities?

1. ______________________________		(53-54) ☐☐
2. ______________________________		(55-56) ☐☐
3. ______________________________		(57-58) ☐☐
Don't Know	8	
Not Applicable	9	

6. Do you prepare a written T&TA plan (Work Statement) for your activities?

* Yes	1	
No	2	(59)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #8.

IF ANSWER IS "YES", GO TO QUESTION #7.

* IF "YES", ASK:

7. To Whom? How often?

CHECK FREQUENCY COLUMN AS APPROPRIATE

	CIRCLE ALL THAT APPLY	Monthly (5)	Quarterly (6)	Semi-Annually (7)	Annually (8)	Other (Specify) (9)	
Employer	1	____	____	____	____	____	(60-61) ☐☐
Policy Advisory Board	1	____	____	____	____	____	(62-63) ☐☐
Grantee Board	1	____	____	____	____	____	(64-65) ☐☐
State T&TA Grantee	1	____	____	____	____	____	(66-67) ☐☐
Regional Office	1	____	____	____	____	____	(68-69) ☐☐
National Office (Specify)	1	____	____	____	____	____	(70-71) ☐☐
Part of Grants Application	1	____	____	____	____	____	(72-73) ☐☐
Part of Contract Requirements	1	____	____	____	____	____	(74-75) ☐☐
Other (Specify) ____________	1	____	____	____	____	____	(76-77) ☐☐

(78-79) Blank

(80) 2

Card 3

(1-9)

☐☐☐☐☐☐☐☐☐

8. Which of the following do you use for assessing the training and technical assistance needs and devising the T&TA plan?

READ THE LIST AND CIRCLE ALL THAT APPLY

Formal needs assessment tools	1	(10)
Program Staff evaluation forms	1	(11)
Program Staff Meetings	1	(12)
Provider Reports		
RTO/STO/STATO/OICS	1	(13)
Other Provider	1	(14)
Staff Evaluation Forms	1	(15)
Staff Meetings	1	(16)
National Office Materials/ Guidance	1	(17)
National Office Staff (e.g., CDTA, PD&I, etc.)	1	(18)
Regional Office Materials/ Guidance	1	(19)
Regional Office Staff (e.g., CR)	1	(20)
Other (Specify)________ ________________________	1	(21)
Don't Know	8	
Not Applicable	9	

9. How effective is the process you use to assess the training and technical assistance needs and devise your T&TA plan? Would you say excellent, very good, good, fair, or poor?

CIRCLE APPROPRIATE RESPONSE

Excellent	10	(22-23)
Very Good	11	
Good	12	
Fair	13	
Poor	14	
Don't Know	88	
Not Applicable	99	

10. How much improvement do you think is required in your processes for assessing training and technical assistance needs and devising your T&TA plan? Would you say a great deal, quite a bit, some, a little, or none?

CIRCLE APPROPRIATE RESPONSE

A great deal	20	
Quite a bit	21	(24-25)
Some	22	
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

11. Are you involved in the needs assessment and planning process for training and technical assistance - -

COMPLETE ALL PARTS OF THIS QUESTION BEFORE PROCEEDING TO NEXT APPROPRIATE QUESTION.

At the National Level?	Yes (Ask Q. #12)	1	(26)
	No	2	
	Don't Know	8	
	Not Applicable	9	
At the Regional Level?	Yes (Ask Q. #13)	1	(27)
	No	2	
	Don't Know	8	
	Not Applicable	9	
At the State Level?	Yes (Ask Q. #14)	1	(28)
	No	2	
	Don't Know	8	
	Not Applicable	9	
At the Local Level?	*Yes (Ask Q. #15)	1	(29)
	No	2	
	Don't Know	8	
	Not Applicable	9	

* IF "YES" AT THE LOCAL LEVEL, ASK:

(30-32)

For how many grantees? ____________

IF ALL ANSWERS ARE "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #16.

IF APPLICABLE, ASK:

12. How would you rate the effectiveness of the coordination between the National Office and your organization in terms of planning for training and technical assistance at the local level? Would you say it is excellent, very good, good, fair, or poor?

CIRCLE APPROPRIATE RESPONSE

Excellent	10	
Very Good	11	
Good	12	
Fair	13	(33-34)
Poor	14	
Don't Know	88	
Not Applicable	99	

IF APPLICABLE, ASK:

13. How would you rate the effectiveness of the coordination between the Regional Office and your organization in terms of planning for training and technical assistance at the local level? Would you say it is excellent, very good, good, fair or poor?

CIRCLE APPROPRIATE RESPONSE

Excellent	10	
Very Good	11	
Good	12	(35-36)
Fair	13	
Poor	14	
Don't Know	88	
Not Applicable	99	

IF APPLICABLE, ASK:

14. How would you rate the effectiveness of the coordination between the State Training Office and your organization in terms of planning for training and technical assistance at the local level? Would you say it is excellent, very good, good, fair, or poor?

CIRCLE APPROPRIATE RESPONSE

Excellent	10	
Very Good	11	
Good	12	
Fair	13	(37-38)
Poor	14	
Don't Know	88	
Not Applicable	99	

IF APPLICABLE, ASK:

15. How would you rate the effectiveness of the coordination between the Local Grantee and your organization in terms of planning for training and technical assistance at the local level? Would you say it is excellent, very good, good, fair, or poor?

CIRCLE APPROPRIATE RESPONSE

Excellent	10	
Very Good	11	
Good	12	
Fair	13	(39-40)
Poor	14	
Don't Know	88	
Not Applicable	99	

Now I would like to find out about some other management and delivery activities related to the training and technical assistance you provide.

16. What criteria determine your assignment to (the Regional Office) (a grantee)?

CIRCLE ALL THAT APPLY

In geographic area I serve	1	(41)
Need my particular expertise	1	(42)
Familiarity with geographic area	1	(43)
Familiarity with type of program	1	(44)
Other (Specify) ________ ________________________	1	(45)
Don't Know	8	

17. On what basis do you determine when and for what purpose to visit (the Regional Office) (The local grantee/center)?

READ THE LIST AND CIRCLE APPROPRIATE RESPONSES.

At their request	1	(46)
Routinely (based on T&TA plan)	1	(47)
National Office recommendation	1	(48)
Regional Office recommendation	1	(49)
Crisis Intervention	1	(50)
Other (Specify) ____________ ________________________	1	(51)

18. Do you personally submit written reports after you have completed your activities?

* Yes	1	
No	2	
Don't Know	8	(52)
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #20.

* IF "YES", ASK:

19. To Whom? How often?

CHECK FREQUENCY COLUMN AS APPROPRIATE

	CIRCLE ALL THAT APPLY	Monthly (5)	Quarterly (6)	Semi-Annually (7)	Annually (8)	Other (Specify) (9)	
Employer	1	____	____	____	____	____	(53-54)
Policy Advisory Board	1	____	____	____	____	____	(55-56)
Grantee Board	1	____	____	____	____	____	(57-58)
State T&TA Grantee	1	____	____	____	____	____	(59-60)
Regional Office	1	____	____	____	____	____	(61-62)
National Office (Specify)	1	____	____	____	____	____	(63-64)
Part of Grants Application	1	____	____	____	____	____	(65-66)
Part of Contract Requirements	1	____	____	____	____	____	(67-68)
Other (Specify) ______________	1	____	____	____	____	____	(59-70)

20. Do you attempt to distribute your time according to any set formula, e.g., 30% to coordinating T&TA activities, 30% to providing consulting help directly to the Locals, 20% providing Training to Head Start Grantees and 20% to administrative tasks?

*Yes	1	
No	2	(71)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #22.

* IF "YES", ASK:

21. Explain please: ______________________________ (72-73) ☐☐

____

____

____

22. Do you participate at least once a year in any of the following activities to increase your skill and expertise? READ THE LIST

Attend refresher courses/ seminars/conferences	1	(74)
Read current literature in particular field	1	(75)
Collect new audio-visual materials	1	(76)
Collect new kits/ packets	1	(77)
Subject self to evaluation		
--from trainees	1	(78)
--from other trainees	1	(79)

(80)
3

Card 4

(1-9)

☐☐☐☐☐☐☐☐☐

Other (Specify) ______________ ______________________	1	(10)

23. Name the three categories of T/TA you most frequently offered in Fiscal Year 74. In Fiscal Year 75

CATEGORIES OF T/TA	FY 74	FY 75
Education		
Parent Involvement		
Social Services		
Health		
Medical		
Dental		
Mental		
Nutrition		
Handicapped		
Needs Assessment		
Administration		
Management Skills		
Fiscal Management		
Record-Keeping		
Performance Standards		
Other (Specify)		

(11-12) ☐☐

(13-14) ☐☐

(15-16) ☐☐

(17-18) ☐☐

(19-20) ☐☐

(21-22) ☐☐

24. Do you evaluate the training and technical assistance you provide?

*Yes	1	(23)
No	2	
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO","DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #26.

* IF "YES", ASK:

25. Which of the following methods do you use:

READ THE LIST AND CIRCLE ALL THAT APPLY

Written reports by trainees	1	(24)
Observer/non-participant reports	1	(25)
Verbal feedback to director	1	(26)
Verbal feedback to provider	1	(27)
Other (Specify)________ ____________________	1	(28)

PART B

This next section of questions concerns your opinion on the excellence of training and technical assistance your organization has provided.

26. Generally, how satisfied or dissatisfied have you been with the training and technical assistance your organization has provided in the past year? Would you say very satisfied, satisfied, dissatisfied, very dissatisfied?

CIRCLE APPROPRIATE RESPONSE

Very satisfied	30	
Satisfied	31	
Dissatisfied	32	(29-30)
Very dissatisfied	33	
Don't Know	88	
Not Applicable	99	

27. How much impact has the training and technical assistance your organization has provided in the past year had on improving the programs (Regions) you serve? Would you say a great deal, quite a bit, some, a little, or none?

CIRCLE APPROPRIATE RESPONSE

A great deal	20	
Quite a bit	21	
Some	22	(31-32)
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

REFER TO LIST OF WORD DEFINITIONS (COMPLETE, PRACTICAL, INFORMATIVE, TIMELY) ONLY IF RESPONDENT ASKS ABOUT WHAT THE WORD MEANS.

In the next several questions I am going to ask you to rate the training and technical assistance you've provided on a scale of 4, 3, 2, or 1, with 4 equalling the best and 1 the worst. If you have any questions as we go along, please ask them.

28. In regard to meeting the needs of your local Head Start program, how would you rate the T&TA provided as being:

COMPLETE	Would you say:		4	
			3	
			2	(33)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

PRACTICAL	Would you say:		4	
			3	
			2	(34)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

INFORMATIVE	Would you say:		4	
			3	
			2	(35)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

TIMELY	Would you say:		4	
			3	
			2	(36)
			1	
		Don't Know	8	
		Not Applicable	9	

29. In regard to meeting the specific needs of the staff, how would you rate the T&TA provided as being:

COMPLETE	Would you say:		4	
			3	
			2	(37)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

PRACTICAL	Would you say:		4	
			3	
			2	(38)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

INFORMATIVE	Would you say:		4	
			3	
			2	(39)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

TIMELY	Would you say:		4	
			3	
			2	
			1	(40)
		Don't Know	8	
		Not Applicable	9	

30. In regard to meeting the specific needs of parents, how would you rate the T&TA provided as being:

COMPLETE	Would you say:		4	
			3	
			2	(41)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

PRACTICAL	Would you say:		4	
			3	
			2	(42)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

INFORMATIVE	Would you say:		4	
			3	
			2	(43)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

TIMELY	Would you say:		4	
			3	
			2	(44)
			1	
		Don't Know	8	
		Not Applicable	9	

31. In general, do you feel that the training and technical assistance provided to Head Start staff this past year led to better services for the children?

* Yes	1	
** No	2	(45)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "DON'T KNOW" OR "NOT APPLICABLE", GO TO QUESTION #34

* IF "YES," ASK:

32. To what extent? Would you say a great deal, quite a bit, some, or a little?

A great deal	20	
Quite a bit	21	(46-47)
Some	22	
A little	23	

** IF "NO," ASK:

33. Why not?

______________________________ (48-49)

______________________________ ☐☐

____

34. In general, do you feel that the training and technical assistance provided to Head Start parents this past year led to better services for the children?

*Yes	1	
**No	2	(50)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "DON'T KNOW" OR "NOT APPLICABLE", GO TO QUESTION #37

* IF "YES," ASK:

35. To what extent? Would you say a great deal, quite a bit, some, or a little?

A great deal	20	
Quite a bit	21	(51-52)
Some	22	
A little	23	

** IF "NO," ASK:

36. Why not?

(53-54)

☐☐

(For each item in this next question, please answer again using the scale 4, 3, 2, or 1; 4 is the best; 1, the worst).

37. Considering all the training and technical assistance your organization has provided within the past year, how well would you say your organization did, on the average, with regard to each of the following items:

a. Was well-prepared for assigned training and technical assistance activity -

Would you say: 4
3
2 (55)
1

Don't Know 8
Not Applicable 9

b. Was familiar with Head Start program purposes and needs -

Would you say: 4
3
2 (56)
1

Don't Know 8
Not Applicable 9

c. Presented subject matter at a level appropriate to the trainees' experience and education -

Would you say: 4
3
2 (57)
1

Don't Know 8
Not Applicable 9

d. Knew training and technical assistance subjects thoroughly -

Would you say:	4	
	3	
	2	(58)
	1	
Don't Know	8	
Not Applicable	9	

e. Was able to meet the needs of the participants -

Would you say:	4	
	3	
	2	
	1	(59)
Don't Know	8	
Not Applicable	9	

f. Communicated well with participants of the training and technical assistance activities -

Would you say:	4	
	3	
	2	(60)
	1	
Don't Know	8	
Not Applicable	9	

g. Used appropriate materials -

Would you say:	4	
	3	
	2	(61)
	1	
Don't Know	8	
Not Applicable	9	

h. Used appropriate training and technical assistance techniques -

Would you say:
4
3
2 (62)
1

Don't Know 8
Not Applicable 9

i. Followed up after initial activity -

Would you say:
4
3
2 (63)
1

Don't Know 8
Not Applicable 9

j. Evaluated the quality and effectiveness of the training and technical assistance -

Would you say:
4
3
2 (64)
1

Don't Know 8
Not Applicable 9

k. Manifested sensitivity to the needs of the poor -

Would you say:
4
3
2 (65)
1

Don't Know 8
Not Applicable 9

Now I'd like to change the focus to get your opinion on the amount of T&TA given to several categories of people connected with the Head Start programs you serve.

38. For each category of people I name, do you think there should be more, less or about the same amount of T&TA available as there is currently?

a. Administrators	More	5	
	Less	6	
	Same	7	(66)
	D.K.	8	
	N.A.	9	
b. Coordinators	More	5	
	Less	6	
	Same	7	(67)
	D.K.	8	
	N.A.	9	
c. Teachers	More	5	
	Less	6	
	Same	7	(68)
	D.K.	8	
	N.A.	9	
d. Aides	More	5	
	Less	6	
	Same	7	(69)
	D.K.	8	
	N.A.	9	
e. Support Staff	More	5	
	Less	6	
	Same	7	(70)
	D.K.	8	
	N.A.	9	
f. Parents	More	5	
	Less	6	
	Same	7	(71)
	D.K.	8	
	N.A.	9	
g. Other (Specify)	More	5	
____________________	Less	6	
	Same	7	(72)
	D.K.	8	
	N.A.	9	

Now I'd like to ask you about the content areas covered in training and technical assistance.

39. Are there any specific content areas of T&TA that are totally overlooked by your organization and which should be addressed?

*Yes	1	
No	2	(73)
Don't Know	8	
Not Applicable	9	

*IF "YES", ASK:

40. Please specify:________________________________
____
____
____

(74-75) ☐☐

41. Are there any specific content areas of T&TA that are not being adequately covered by your organization?

*Yes	1	
No	2	
Don't Know	8	(76)
Not Applicable	9	

*IF "YES", ASK:

42. Please specify:________________________________
____
____
____

(77-78) ☐☐

That concludes the interview. You have been very helpful. Thank you for your cooperation.

(79)
Blank

(80)
4

Time interview ends: ☐

Regional

EVALUATION OF THE OVERALL EFFECTIVENESS OF PROJECT HEAD START TRAINING AND TECHNICAL ASSISTANCE PROGRAMS (NATIONALLY)

CASE STUDY REGION INTERVIEW

CAREER DEVELOPMENT AND TECHNICAL ASSISTANCE DIVISION
OFFICE OF CHILD DEVELOPMENT

KIRSCHNER ASSOCIATES

March, 1975

KIRSCHNER ASSOCIATES INC.

Time Interview begins:

☐

TELEPHONE INTERVIEW
HEAD START PROVIDERS (DIRECTORS AND STAFF)
EVALUATION OF TRAINING AND TECHNICAL ASSISTANCE

NAME: ______________________________

INTERVIEWER: ______________________________

DATE: ____________________

LENGTH OF INTERVIEW: ____________ Minutes

FOR OFFICE USE ONLY:

LOG ____________ BY ____________ DATE ________

EDIT ____________ BY ____________ DATE ________

085-575001 Expires 6/76

KIRSCHNER ASSOCIATES INC.

TELEPHONE PROVIDER INTERVIEW

☐☐☐☐☐☐☐☐☐ (1-9)

NAME OF ORGANIZATION: ____________________

LOCATION: ____________________

____

TYPE OF PROVIDER: CIRCLE APPROPRIATE ANSWER

Nationally-Funded   Regionally-Funded

State-Funded   Directly-Funded

(10-11) ☐☐

DESCRIPTION OF CURRENT (FISCAL YEAR 1975) HEAD START TRAINING AND TECHNICAL ASSISTANCE:

(12-13) ☐☐

____

(14-15) ☐☐

____

(16-17) ☐☐

____

____

(18-19) ☐☐

LENGTH OF CURRENT CONTRACT: ____________________

(20-22) ☐☐☐

NUMBER SERVED:

FILL IN ALL SPACES THAT ARE APPLICABLE

REGIONS ____________________

(23-25) ☐☐☐

GRANTEES ____________________

CENTERS ____________________

(26-29) ☐☐☐☐

CHILDREN ____________________

LOCATIONS: CIRCLE ANSWER APPROPRIATE TO TYPE OF PROVIDER

NATIONAL PROVIDERS:	All Regions In Country	1	(30)
	Some Regions (Specify) ____________	1	(31)
REGIONAL PROVIDERS:	All Grantees In Region	1	(32)
	Some Grantees (Specify) ____________	1	(33)
STATE PROVIDERS:	All Grantees In State	1	(34)
	Some Grantees (Specify) ____________	1	(35)
LOCAL PROVIDERS:	Local Grantee	1	(36)
	Other (Specify) ____________	1	(37)

PREVIOUS HEAD START TRAINING AND TECHNICAL ASSISTANCE PROVIDED:

______________________________ (38-39) ☐☐

______________________________ (40-41) ☐☐

______________________________ (42-43) ☐☐

RESPONDENT'S OFFICE LOCATION: ______________________________

____

RESPONDENT'S POSITION: ______________________________ (44) ☐

SCOPE OF RESPONSIBILITY: CIRCLE ALL THAT APPLY

Administrator of T&TA	1	(45)
Planner of T&TA	1	(46)
Deliverer of T&TA	1	(47)
Other (Specify) ______________	1	(48)

LENGTH OF TIME IN POSITION: ______________________________ (49-50) ☐☐

PREVIOUS RELATED EXPERIENCE: ______________________________ (51-52) ☐☐

______________________________ (53-54) ☐☐

______________________________ (55-56) ☐☐

____

____

EDUCATION: CHECK ALL THAT APPLY

		SUBJECT
High School Diploma	______	
Technical School	______	
Some College	______	______________
B.A./B.S.	______	______________
M.A./M.S.	______	______________
Ph.D.	______	______________
Other (Specify) ______________	______	______________

(57) ☐

(58-59) ☐☐

PART A

I would like to ask you some questions related to the management and delivery of training and technical assistance, and about the excellence of the T&TA that you have provided.

FOR STAFF, GO TO QUESTION # 4.

FOR DIRECTORS ONLY

1. First, I would like to get some information about how many and what categories of staff people work in your organization. For each position I mention, please tell me how many are full-time and how many are part-time. Would you also tell me the educational background of each trainer and the length of time each has been serving as a trainer?

IF STAFF IS SO LARGE THAT SUCH A BREAKDOWN IS TOO COMPLEX, GET TOTAL NUMBER OF: EACH CATEGORY OF STAFF (DIRECTORS, ADMINISTRATORS, SPECIALISTS/PROFESSIONALS, ETC.); FULL-TIME OR PART-TIME STAFF IN EACH CATEGORY; TYPE OF EDUCATION (HIGHEST DEGREE AND SUBJECT MATTER) IN EACH CATEGORY; AND AVERAGE LENGTH OF TIME AS TRAINER IN EACH CATEGORY.

			Education			
	Full-Time	Part-Time	Highest Degree	Subject Matter	Length Of Time As Trainer	
Director/ Administrators	____	____	____	____	____	(60-63) ☐☐☐☐
	____	____	____	____	____	(64-68) ☐☐☐☐☐
	____	____	____	____	____	
Specialists/ Professionals	____	____	____	____	____	(69-72) ☐☐☐☐
	____	____	____	____	____	(73-77) ☐☐☐☐☐
	____	____	____	____	____	(78-79) Blank

(80)

Card 2

☐☐☐☐☐☐☐☐☐ (1-9)

			Education			
	Full-Time	Part-Time	Highest Degree	Subject Matter	Length Of Time As Trainer	
sultants						(10-13) ☐☐☐☐
						(14-18) ☐☐☐☐☐
pport Staff						(19-22) ☐☐☐☐
						(23-27) ☐☐☐☐☐
her (Specify)						(28-31) ☐☐☐☐
						(32-36) ☐☐☐☐☐

2. Was your organization hired as a result of a grant or a request for a proposal (RFP) leading to a contract?

Grant	1	(37)
Contract	2	
Other (Specify)________ ____________________	3	
Don't Know	8	
Not Applicable	9	

3. Which procedure, grants or contracts, is more flexible in providing adequate services?

Grants	1	(38)
Contracts	2	
Don't Know	8	
Not Applicable	9	

ALL RESPONDENTS CONTINUE

4. Which of the following criteria do you use to determine what you will do as a provider?

READ THE LIST AND CIRCLE ALL THAT APPLY

National Head Start Objectives	1	(39)
Regional Head Start Objectives	1	(40)
Local Head Start Objectives	1	(4)
Performance Standards	1	(42)
Community Needs	1	(43)
Staff Needs	1	(44)
Volunteer Needs	1	(45)
Parent Needs	1	(46)
Amount of Money Available	1	(47)
T&TA Plan	1	(48)
Part of Grants Application	1	(49)
Contract Requirements	1	(50)

Other Contractors	1	(51)
Other (Specify) ________		
____________________	1	(52)
Don't Know	8	
Not Applicable	9	

5. In order of importance, list the top three criteria you use to determine your training and technical assistance activities?

1. ______________________________		(53-54) ☐☐
2. ______________________________		(55-56) ☐☐
3. ______________________________		(57-58) ☐☐
Don't Know	8	
Not Applicable	9	

6. Do you prepare a written T&TA plan (Work Statement) for your activities?

* Yes	1	
No	2	(59)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #8.

IF ANSWER IS "YES", GO TO QUESTION #7.

* IF "YES", ASK:

7. To Whom? How often? CHECK FREQUENCY COLUMN AS APPROPRIATE

	CIRCLE ALL THAT APPLY	Monthly (5)	Quarterly (6)	Semi-Annually (7)	Annually (8)	Other (Specify) (9)	
Employer	1	____	____	____	____	____	(60-61) ☐☐
Policy Advisory Board	1	____	____	____	____	____	(62-63) ☐☐
Grantee Board	1	____	____	____	____	____	(64-65) ☐☐
State T&TA Grantee	1	____	____	____	____	____	(66-67) ☐☐
Regional Office	1	____	____	____	____	____	(68-69) ☐☐
National Office (Specify)	1	____	____	____	____	____	(70-71) ☐☐
Part of Grants Application	1	____	____	____	____	____	(72-73) ☐☐
Part of Contract Requirements	1	____	____	____	____	____	(74-75) ☐☐
Other (Specify) ________________	1	____	____	____	____	____	(76-77) ☐☐

(78-79) Blank

(80) 2

Card 3
(1-9)

8. Which of the following do you use for assessing the training and technical assistance needs and devising the T&TA plan?

READ THE LIST AND CIRCLE ALL THAT APPLY

Formal needs assessment tools	1	(10)
Program Staff evaluation forms	1	(11)
Program Staff Meetings	1	(12)
Provider Reports		
RTO/STO/STATO/OICS	1	(13)
Other Provider	1	(14)
Staff Evaluation Forms	1	(15)
Staff Meetings	1	(16)
National Office Materials/ Guidance	1	(17)
National Office Staff (e.g., CDTA, PD&I, etc.)	1	(18)
Regional Office Materials/ Guidance	1	(19)
Regional Office Staff (e.g., CR)	1	(20)
Other (Specify)________ ____________________	1	(21)
Don't Know	8	
Not Applicable	9	

9. How effective is the process you use to assess the training and technical assistance needs and devise your T&TA plan? Would you say excellent, very good, good, fair, or poor?

CIRCLE APPROPRIATE RESPONSE

Excellent	10	
Very Good	11	(22-23)
Good	12	
Fair	13	
Poor	14	
Don't Know	88	
Not Applicable	99	

10. How much improvement do you think is required in your processes for assessing training and technical assistance needs and devising your T&TA plan? Would you say a great deal, quite a bit, some, a little, or none?

CIRCLE APPROPRIATE RESPONSE

A great deal	20	
Quite a bit	21	(24-25)
Some	22	
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

11. Are you involved in the needs assessment and planning process for training and technical assistance - -

COMPLETE ALL PARTS OF THIS QUESTION BEFORE PROCEEDING TO NEXT APPROPRIATE QUESTION.

At the National Level?	Yes (Ask Q. #12)	1	(26)
	No	2	
	Don't Know	8	
	Not Applicable	9	
At the Regional Level?	Yes (Ask Q. #13)	1	(27)
	No	2	
	Don't Know	8	
	Not Applicable	9	
At the State Level?	Yes (Ask Q. #14)	1	(28)
	No	2	
	Don't Know	8	
	Not Applicable	9	
At the Local Level?	*Yes (Ask Q. #15)	1	(29)
	No	2	
	Don't Know	8	
	Not Applicable	9	

* IF "YES" AT THE LOCAL LEVEL, ASK:

(30-32)

For how many grantees? ____________________

IF ALL ANSWERS ARE "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #16.

IF APPLICABLE, ASK:

12. How would you rate the effectiveness of the coordination between the National Office and your organization in terms of planning for training and technical assistance at the local level? Would you say it is excellent, very good, good, fair, or poor?

CIRCLE APPROPRIATE RESPONSE

Excellent	10	
Very Good	11	
Good	12	
Fair	13	(33-34)
Poor	14	
Don't Know	88	
Not Applicable	99	

IF APPLICABLE, ASK:

13. How would you rate the effectiveness of the coordination between the Regional Office and your organization in terms of planning for training and technical assistance at the local level? Would you say it is excellent, very good, good, fair or poor?

CIRCLE APPROPRIATE RESPONSE

Excellent	10	
Very Good	11	
Good	12	(35-36)
Fair	13	
Poor	14	
Don't Know	88	
Not Applicable	99	

IF APPLICABLE, ASK:

14. How would you rate the effectiveness of the coordination between the State Training Office and your organization in terms of planning for training and technical assistance at the local level? Would you say it is excellent, very good, good, fair, or poor?

CIRCLE APPROPRIATE RESPONSE

Excellent	10	
Very Good	11	
Good	12	
Fair	13	(37-38)
Poor	14	
Don't Know	88	
Not Applicable	99	

IF APPLICABLE, ASK:

15. How would you rate the effectiveness of the coordination between the Local Grantee and your organization in terms of planning for training and technical assistance at the local level? Would you say it is excellent, very good, good, fair, or poor?

CIRCLE APPROPRIATE RESPONSE

Excellent	10	
Very Good	11	
Good	12	(39-40)
Fair	13	
Poor	14	
Don't Know	88	
Not Applicable	99	

Now I would like to find out about some other management and delivery activities related to the training and technical assistance you provide.

16. What criteria determine your assignment to (the Regional Office) (a grantee)?

CIRCLE ALL THAT APPLY

In geographic area I serve	1	(41)
Need my particular expertise	1	(42)
Familiarity with geographic area	1	(43)
Familiarity with type of program	1	(44)
Other (Specify) ________ ____________________	1	(45)
Don't Know	8	

17. On what basis do you determine when and for what purpose to visit (the Regional Office) (The local grantee/center)?

READ THE LIST AND CIRCLE APPROPRIATE RESPONSES.

At their request	1	(46)
Routinely (based on T&TA plan)	1	(47)
National Office recommendation	1	(48)
Regional Office recommendation	1	(49)
Crisis Intervention	1	(50)
Other (Specify) ____________ ____________________	1	(51)

18. Do you personally submit written reports after you have completed your activities?

* Yes	1	
No	2	
Don't Know	8	(52)
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #20.

* IF "YES", ASK:

19. To Whom? How often?

CHECK FREQUENCY COLUMN AS APPROPRIATE

	CIRCLE ALL THAT APPLY	Monthly (5)	Quarterly (6)	Semi-Annually (7)	Annually (8)	Other (Specify) (9)	
Employer	1	____	____	____	____	____	(53-54)
Policy Advisory Board	1	____	____	____	____	____	(55-56)
Grantee Board	1	____	____	____	____	____	(57-58)
State T&TA Grantee	1	____	____	____	____	____	(59-60)
Regional Office	1	____	____	____	____	____	(61-62)
National Office (Specify)	1	____	____	____	____	____	(63-64)
Part of Grants Application	1	____	____	____	____	____	(65-66)
Part of Contract Requirements	1	____	____	____	____	____	(67-68)
Other (Specify) ________________	1	____	____	____	____	____	(69-70)

20. Do you attempt to distribute your time according to any set formula, e.g., 30% to coordinating T&TA activities, 30% to providing consulting help directly to the Locals, 20% providing Training to Head Start Grantees and 20% to administrative tasks?

*Yes	1	
No	2	(71)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #22.

* IF "YES", ASK:

21. Explain please: ______________________________

____

____

____

(72-73)
☐☐

22. Do you participate at least once a year in any of the following activities to increase your skill and expertise? READ THE LIST

Attend refresher courses/ seminars/conferences	1	(74)
Read current literature in particular field	1	(75)
Collect new audio-visual materials	1	(76)
Collect new kits/ packets	1	(77)
Subject self to evaluation		
--from trainees	1	(78)
--from other trainees	1	(79)

(80)
3

Card 4

(1-9)
☐☐☐☐☐☐☐☐☐

Other (Specify) ____________ ______________________	1	(10)

23. Name the three categories of T/TA you most frequently offered in Fiscal Year 74. In Fiscal Year 75

CATEGORIES OF T/TA	FY 74	FY 75
Education		
Parent Involvement		
Social Services		
Health		
Medical		
Dental		
Mental		
Nutrition		
Handicapped		
Needs Assessment		
Administration		
Management Skills		
Fiscal Management		
Record-Keeping		
Performance Standards		
Other (Specify)		

(11-12) ☐☐

(13-14) ☐☐

(15-16) ☐☐

(17-18) ☐☐

(19-20) ☐☐

(21-22) ☐☐

24. Do you evaluate the training and technical assistance you provide?

*Yes	1	
No	2	(23)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO","DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #26.

* IF "YES", ASK:

25. Which of the following methods do you use:

READ THE LIST AND CIRCLE ALL THAT APPLY

Written reports by trainees	1	(24)
Observer/non-participant reports	1	(25)
Verbal feedback to director	1	(26)
Verbal feedback to provider	1	(27)
Other (Specify)________ ____________________	1	(28)

PART B

This next section of questions concerns your opinion on the excellence of training and technical assistance your organization has provided.

26. Generally, how satisfied or dissatisfied have you been with the training and technical assistance your organization has provided in the past year? Would you say very satisfied, satisfied, dissatisfied, very dissatisfied?

CIRCLE APPROPRIATE RESPONSE

Very satisfied	30	
Satisfied	31	
Dissatisfied	32	(29-30)
Very dissatisfied	33	
Don't Know	88	
Not Applicable	99	

27. How much impact has the training and technical assistance your organization has provided in the past year had on improving the programs (Regions) you serve? Would you say a great deal, quite a bit, some, a little, or none?

CIRCLE APPROPRIATE RESPONSE

A great deal	20	
Quite a bit	21	(31-32)
Some	22	
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

REFER TO LIST OF WORD DEFINITIONS (COMPLETE, PRACTICAL, INFORMATIVE, TIMELY) ONLY IF RESPONDENT ASKS ABOUT WHAT THE WORD MEANS.

In the next several questions I am going to ask you to rate the training and technical assistance you've provided on a scale of 4, 3, 2, or 1, with 4 equalling the best and 1 the worst. If you have any questions as we go along, please ask them.

28. In regard to meeting the needs of your local Head Start program, how would you rate the T&TA provided as being:

COMPLETE	Would you say:		4	
			3	
			2	(33)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

PRACTICAL	Would you say:		4	
			3	
			2	(34)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

INFORMATIVE	Would you say:		4	
			3	
			2	(35)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

TIMELY	Would you say:		4	
			3	
			2	(36)
			1	
		Don't Know	8	
		Not Applicable	9	

29. In regard to meeting the specific needs of the staff, how would you rate the T&TA provided as being:

COMPLETE	Would you say:		4	
			3	
			2	(37)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

PRACTICAL	Would you say:		4	
			3	
			2	(38)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

INFORMATIVE	Would you say:		4	
			3	
			2	(39)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

TIMELY	Would you say:		4	
			3	
			2	
			1	(40)
		Don't Know	8	
		Not Applicable	9	

30. In regard to meeting the specific needs of parents, how would you rate the T&TA provided as being:

COMPLETE Would you say:

	4		
	3		
	2	(41)	
	1		
Don't Know	8		
Not Applicable	9		

... as being:

PRACTICAL Would you say:

	4	
	3	
	2	
	1	(42)
Don't Know	8	
Not Applicable	9	

... as being:

INFORMATIVE Would you say:

	4	
	3	
	2	
	1	(43)
Don't Know	8	
Not Applicable	9	

... as being:

TIMELY Would you say:

	4	
	3	
	2	(44)
	1	
Don't Know	8	
Not Applicable	9	

31. In general, do you feel that the training and technical assistance provided to Head Start staff this past year led to better services for the children?

* Yes	1	(45)
** No	2	
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "DON'T KNOW" OR "NOT APPLICABLE", GO TO QUESTION #34

* IF "YES," ASK:

32. To what extent? Would you say a great deal, quite a bit, some, or a little?

A great deal	20	(46-47)
Quite a bit	21	
Some	22	
A little	23	

** IF "NO," ASK:

33. Why not?

____ (48-49)

____ ☐☐

____

34. In general, do you feel that the training and technical assistance provided to Head Start parents this past year led to better services for the children?

* Yes	1	
** No	2	(50)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "DON'T KNOW" OR "NOT APPLICABLE", GO TO QUESTION #37

* IF "YES," ASK:

35. To what extent? Would you say a great deal, quite a bit, some, or a little?

A great deal	20	
Quite a bit	21	(51-52)
Some	22	
A little	23	

** IF "NO," ASK:

36. Why not?

______________________________ (53-54)

______________________________ ☐☐

____

(For each item in this next question, please answer again using the scale 4, 3, 2, or 1; 4 is the best; 1, the worst).

37. Considering all the training and technical assistance your organization has provided within the past year, how well would you say your organization did, on the average, with regard to each of the following items:

a. Was well-prepared for assigned training and technical assistance activity -

Would you say:	4	
	3	
	2	(55)
	1	
Don't Know	8	
Not Applicable	9	

b. Was familiar with Head Start program purposes and needs -

Would you say:	4	
	3	
	2	(56)
	1	
Don't Know	8	
Not Applicable	9	

c. Presented subject matter at a level appropriate to the trainees' experience and education -

Would you say:	4	
	3	
	2	(57)
	1	
Don't Know	8	
Not Applicable	9	

d. Knew training and technical assistance subjects thoroughly -

Would you say:
4
3
2 (58)
1

Don't Know 8
Not Applicable 9

e. Was able to meet the needs of the participants -

Would you say:
4
3
2
1 (59)

Don't Know 8
Not Applicable 9

f. Communicated well with participants of the training and technical assistance activities -

Would you say:
4
3
2 (60)
1

Don't Know 8
Not Applicable 9

g. Used appropriate materials -

Would you say:
4
3
2 (61)
1

Don't Know 8
Not Applicable 9

h. Used appropriate training and technical assistance techniques -

Would you say:	4	
	3	
	2	(62)
	1	
Don't Know	8	
Not Applicable	9	

i. Followed up after initial activity -

Would you say:	4	
	3	
	2	(63)
	1	
Don't Know	8	
Not Applicable	9	

j. Evaluated the quality and effectiveness of the training and technical assistance -

Would you say:	4	
	3	
	2	(64)
	1	
Don't Know	8	
Not Applicable	9	

k. Manifested sensitivity to the needs of the poor -

Would you say:	4	
	3	
	2	(65)
	1	
Don't Know	8	
Not Applicable	9	

Now I'd like to change the focus to get your opinion on the amount of T&TA given to several categories of people connected with the Head Start programs you serve.

38. For each category of people I name, do you think there should be more, less or about the same amount of T&TA available as there is currently?

a. Administrators	More	5	(66)
	Less	6	
	Same	7	
	D.K.	8	
	N.A.	9	
b. Coordinators	More	5	(67)
	Less	6	
	Same	7	
	D.K.	8	
	N.A.	9	
c. Teachers	More	5	(68)
	Less	6	
	Same	7	
	D.K.	8	
	N.A.	9	
d. Aides	More	5	(69)
	Less	6	
	Same	7	
	D.K.	8	
	N.A.	9	
e. Support Staff	More	5	(70)
	Less	6	
	Same	7	
	D.K.	8	
	N.A.	9	
f. Parents	More	5	(71)
	Less	6	
	Same	7	
	D.K.	8	
	N.A.	9	
g. Other (Specify) ______________	More	5	(72)
	Less	6	
	Same	7	
	D.K.	8	
	N.A.	9	

Now I'd like to ask you about the content areas covered in training and technical assistance.

39. Are there any specific content areas of T&TA that are totally overlooked by your organization and which should be addressed?

*Yes	1	
No	2	(73)
Don't Know	8	
Not Applicable	9	

*IF "YES", ASK:

40. Please specify: ____________________

____

____

____

(74-75) ☐☐

41. Are there any specific content areas of T&TA that are not being adequately covered by your organization?

*Yes	1	
No	2	
Don't Know	8	(76)
Not Applicable	9	

*IF "YES", ASK:

42. Please specify: ____________________

____

____

____

(77-78) ☐☐

That concludes the interview. You have been very helpful. Thank you for your cooperation.

(79) Blank

(80) 4

Time interview ends: ☐

Local

EVALUATION OF THE OVERALL EFFECTIVENESS OF PROJECT HEAD START TRAINING AND TECHNICAL ASSISTANCE PROGRAMS (NATIONALLY)

CASE STUDY REGION INTERVIEW

CAREER DEVELOPMENT AND TECHNICAL ASSISTANCE DIVISION
OFFICE OF CHILD DEVELOPMENT

KIRSCHNER ASSOCIATES

March, 1975

KIRSCHNER ASSOCIATES INC.

Time Interview begins:

☐

TELEPHONE INTERVIEW
HEAD START PROVIDERS (DIRECTORS AND STAFF)
EVALUATION OF TRAINING AND TECHNICAL ASSISTANCE

NAME: ______________________________

INTERVIEWER: ______________________________

DATE: ____________________

LENGTH OF INTERVIEW: ____________ Minutes

FOR OFFICE USE ONLY:

LOG ____________ BY ____________ DATE ________

EDIT ____________ BY ____________ DATE ________

085-575001 Expires 6/76

KIRSCHNER ASSOCIATES INC.

TELEPHONE PROVIDER INTERVIEW

☐☐☐☐☐☐☐☐☐ (1-9)

NAME OF ORGANIZATION: ____________________

LOCATION: ____________________

____

TYPE OF PROVIDER: CIRCLE APPROPRIATE ANSWER

Nationally-Funded Regionally-Funded

State-Funded Directly-Funded

DESCRIPTION OF CURRENT (FISCAL YEAR 1975) HEAD START TRAINING AND TECHNICAL ASSISTANCE:

____________________ (10-11) ☐☐

____________________ (12-13 ☐☐

____________________ (14-15) ☐☐

____________________ (16-17) ☐☐

LENGTH OF CURRENT CONTRACT: ____________________ (18-19) ☐☐

NUMBER SERVED:

FILL IN ALL SPACES THAT ARE APPLICABLE

REGIONS ____________________ (20-22) ☐☐☐

GRANTEES ____________________ (23-25) ☐☐☐

CENTERS ____________________ (26-29) ☐☐☐☐

CHILDREN ____________________

LOCATIONS: CIRCLE ANSWER APPROPRIATE TO TYPE OF PROVIDER

NATIONAL PROVIDERS:	All Regions In Country	1	(30)
	Some Regions (Specify) ____________	1	(31)
REGIONAL PROVIDERS:	All Grantees In Region	1	(32)
	Some Grantees (Specify) ____________	1	(33)
STATE PROVIDERS:	All Grantees In State	1	(34)
	Some Grantees (Specify) ____________	1	(35)
LOCAL PROVIDERS:	Local Grantee	1	(36)
	Other (Specify) ____________	1	(37)

189-A

PREVIOUS HEAD START TRAINING AND TECHNICAL ASSISTANCE PROVIDED:

_______________ (38-39) ☐☐

_______________ (40-41) ☐☐

_______________ (42-43) ☐☐

RESPONDENT'S OFFICE LOCATION: _______________

____

RESPONDENT'S POSITION: _______________ (44) ☐

SCOPE OF RESPONSIBILITY: CIRCLE ALL THAT APPLY

Administrator of T&TA	1	(45)
Planner of T&TA	1	(46)
Deliverer of T&TA	1	(47)
Other (Specify) _______________	1	(48)

LENGTH OF TIME IN POSITION: _______________ (49-50) ☐☐

PREVIOUS RELATED EXPERIENCE: _______________ (51-52) ☐☐

_______________ (53-54) ☐☐

_______________ (55-56) ☐☐

____

____

EDUCATION: CHECK ALL THAT APPLY

		SUBJECT
High School Diploma	______	
Technical School	______	
Some College	______	______________
B.A./B.S.	______	______________
M.A./M.S.	______	______________
Ph.D.	______	______________
Other (Specify) ______________	______	______________

(57) ☐

(58-59) ☐☐

PART A

I would like to ask you some questions related to the management and delivery of training and technical assistance, and about the excellence of the T&TA that you have provided.

FOR STAFF, GO TO QUESTION # 4.

FOR DIRECTORS ONLY

1. First, I would like to get some information about how many and what categories of staff people work in your organization. For each position I mention, please tell me how many are full-time and how many are part-time. Would you also tell me the educational background of each trainer and the length of time each has been serving as a trainer?

IF STAFF IS SO LARGE THAT SUCH A BREAKDOWN IS TOO COMPLEX, GET TOTAL NUMBER OF: EACH CATEGORY OF STAFF (DIRECTORS, ADMINISTRATORS, SPECIALISTS/PROFESSIONALS, ETC.); FULL-TIME OR PART-TIME STAFF IN EACH CATEGORY; TYPE OF EDUCATION (HIGHEST DEGREE AND SUBJECT MATTER) IN EACH CATEGORY; AND AVERAGE LENGTH OF TIME AS TRAINER IN EACH CATEGORY.

			Education			
	Full-Time	Part-Time	Highest Degree	Subject Matter	Length Of Time As Trainer	
Director/ Administrators	____	____	____	____	____	(60-63) ☐☐☐☐
	____	____	____	____	____	(64-68) ☐☐☐☐☐
	____	____	____	____	____	
Specialists/ Professionals	____	____	____	____	____	(69-72) ☐☐☐☐
	____	____	____	____	____	(73-77) ☐☐☐☐☐
	____	____	____	____	____	(78-79) Blank (80)

Card 2

☐☐☐☐☐☐☐☐☐ (1-9)

			Education			
	Full-Time	Part-Time	Highest Degree	Subject Matter	Length Of Time As Trainer	
sultants	___	___	___	___	___	(10-13) ☐☐☐☐
	___	___	___	___	___	(14-18) ☐☐☐☐☐
	___	___	___	___	___	
pport Staff	___	___	___	___	___	(19-22) ☐☐☐☐
	___	___	___	___	___	(23-27) ☐☐☐☐☐
	___	___	___	___	___	
her (Specify)	___	___	___	___	___	(28-31) ☐☐☐☐
	___	___	___	___	___	(32-36) ☐☐☐☐☐
	___	___	___	___	___	

2. Was your organization hired as a result of a grant or a request for a proposal (RFP) leading to a contract?

Grant	1	
Contract	2	
Other (Specify)________ ________________	3	(37)
Don't Know	8	
Not Applicable	9	

3. Which procedure, grants or contracts, is more flexible in providing adequate services?

Grants	1	
Contracts	2	(38)
Don't Know	8	
Not Applicable	9	

ALL RESPONDENTS CONTINUE

4. Which of the following criteria do you use to determine what you will do as a provider?

READ THE LIST AND CIRCLE ALL THAT APPLY

National Head Start Objectives	1	(39)
Regional Head Start Objectives	1	(40)
Local Head Start Objectives	1	(41)
Performance Standards	1	(42)
Community Needs	1	(43)
Staff Needs	1	(44)
Volunteer Needs	1	(45)
Parent Needs	1	(46)
Amount of Money Available	1	(47)
T&TA Plan	1	(48)
Part of Grants Application	1	(49)
Contract Requirements	1	(50)

Other Contractors	1	(51)
Other (Specify) ________		
____________	1	(52)
Don't Know	8	
Not Applicable	9	

5. In order of importance, list the top three criteria you use to determine your training and technical assistance activities?

1. ____________ (53-54) ☐☐

2. ____________ (55-56) ☐☐

3. ____________ (57-58) ☐☐

Don't Know	8
Not Applicable	9

6. Do you prepare a written T&TA plan (Work Statement) for your activities?

* Yes	1	
No	2	(59)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #8.

IF ANSWER IS "YES", GO TO QUESTION #7.

* IF "YES", ASK:

7. To Whom? How often?

CHECK FREQUENCY COLUMN AS APPROPRIATE

	CIRCLE ALL THAT APPLY	Monthly (5)	Quarterly (6)	Semi-Annually (7)	Annually (8)	Other (Specify) (9)	
Employer	1						(60-61)
Policy Advisory Board	1						(62-63)
Grantee Board	1						(64-65)
State T&TA Grantee	1						(66-67)
Regional Office	1						(68-69)
National Office (Specify)	1						(70-71)
Part of Grants Application	1						(72-73)
Part of Contract Requirements	1						(74-75)
Other (Specify) ________________	1						(76-77)
							(78-79) Blank
							(80) 2

Card 3
(1-9)
☐☐☐☐☐☐☐☐☐

8. Which of the following do you use for assessing the training and technical assistance needs and devising the T&TA plan?

READ THE LIST AND CIRCLE ALL THAT APPLY

Formal needs assessment tools	1	(10)
Program Staff evaluation forms	1	(11)
Program Staff Meetings	1	(12)
Provider Reports		
RTO/STO/STATO/OICS	1	(13)
Other Provider	1	(14)
Staff Evaluation Forms	1	(15)
Staff Meetings	1	(16)
National Office Materials/ Guidance	1	(17)
National Office Staff (e.g., CDTA, PD&I, etc.)	1	(18)
Regional Office Materials/ Guidance	1	(19)
Regional Office Staff (e.g., CR)	1	(20)
Other (Specify)________ ____________________	1	(21)
Don't Know	8	
Not Applicable	9	

9. How effective is the process you use to assess the training and technical assistance needs and devise your T&TA plan? Would you say excellent, very good, good, fair, or poor?

CIRCLE APPROPRIATE RESPONSE

Excellent	10	
Very Good	11	
Good	12	(22-23)
Fair	13	
Poor	14	
Don't Know	88	
Not Applicable	99	

10. How much improvement do you think is required in your processes for assessing training and technical assistance needs and devising your T&TA plan? Would you say a great deal, quite a bit, some, a little, or none?

CIRCLE APPROPRIATE RESPONSE

A great deal	20	
Quite a bit	21	(24-25)
Some	22	
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

11. Are you involved in the needs assessment and planning process for training and technical assistance - -

COMPLETE ALL PARTS OF THIS QUESTION BEFORE PROCEEDING TO NEXT APPROPRIATE QUESTION.

At the National Level?	Yes (Ask Q. #12)	1	(26)
	No	2	
	Don't Know	8	
	Not Applicable	9	
At the Regional Level?	Yes (Ask Q. #13)	1	(27)
	No	2	
	Don't Know	8	
	Not Applicable	9	
At the State Level?	Yes (Ask Q. #14)	1	(28)
	No	2	
	Don't Know	8	
	Not Applicable	9	
At the Local Level?	*Yes (Ask Q. #15)	1	(29)
	No	2	
	Don't Know	8	
	Not Applicable	9	

* IF "YES" AT THE LOCAL LEVEL, ASK:

(30-32)

For how many grantees? ____________________ ☐☐☐

IF ALL ANSWERS ARE "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #16.

IF APPLICABLE, ASK:

12. How would you rate the effectiveness of the coordination between the National Office and your organization in terms of planning for training and technical assistance at the local level? Would you say it is excellent, very good, good, fair, or poor?

CIRCLE APPROPRIATE RESPONSE

Excellent	10	
Very Good	11	
Good	12	
Fair	13	(33-34)
Poor	14	
Don't Know	88	
Not Applicable	99	

IF APPLICABLE, ASK:

13. How would you rate the effectiveness of the coordination between the Regional Office and your organization in terms of planning for training and technical assistance at the local level? Would you say it is excellent, very good, good, fair or poor?

CIRCLE APPROPRIATE RESPONSE

Excellent	10	
Very Good	11	
Good	12	(35-36)
Fair	13	
Poor	14	
Don't Know	88	
Not Applicable	99	

IF APPLICABLE, ASK:

14. How would you rate the effectiveness of the coordination between the State Training Office and your organization in terms of planning for training and technical assistance at the local level? Would you say it is excellent, very good, good, fair, or poor?

CIRCLE APPROPRIATE RESPONSE

Excellent	10	
Very Good	11	
Good	12	
Fair	13	(37-38)
Poor	14	
Don't Know	88	
Not Applicable	99	

IF APPLICABLE, ASK:

15. How would you rate the effectiveness of the coordination between the Local Grantee and your organization in terms of planning for training and technical assistance at the local level? Would you say it is excellent, very good, good, fair, or poor?

CIRCLE APPROPRIATE RESPONSE

Excellent	10	
Very Good	11	
Good	12	(39-40)
Fair	13	
Poor	14	
Don't Know	88	
Not Applicable	99	

Now I would like to find out about some other management and delivery activities related to the training and technical assistance you provide.

16. What criteria determine your assignment to (the Regional Office) (a grantee)?

CIRCLE ALL THAT APPLY

In geographic area I serve	1	(41)
Need my particular expertise	1	(42)
Familiarity with geographic area	1	(43)
Familiarity with type of program	1	(44)
Other (Specify) ________ ________________________	1	(45)
Don't Know	8	

17. On what basis do you determine when and for what purpose to visit (the Regional Office) (The local grantee/center)?

READ THE LIST AND CIRCLE APPROPRIATE RESPONSES.

At their request	1	(46)
Routinely (based on T&TA plan)	1	(47)
National Office recommendation	1	(48)
Regional Office recommendation	1	(49)
Crisis Intervention	1	(50)
Other (Specify)____________ ________________________	1	(51)

18. Do you personally submit written reports after you have completed your activities?

* Yes	1	
No	2	
Don't Know	8	(52)
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #20.

* IF "YES", ASK:

19. To Whom? How often?

CHECK FREQUENCY COLUMN AS APPROPRIATE

	CIRCLE ALL THAT APPLY	Monthly (5)	Quarterly (6)	Semi-Annually (7)	Annually (8)	Other (Specify) (9)	
Employer	1	____	____	____	____	____	(53-54) ☐☐
Policy Advisory Board	1	____	____	____	____	____	(55-56) ☐☐
Grantee Board	1	____	____	____	____	____	(57-58) ☐☐
State T&TA Grantee	1	____	____	____	____	____	(59-60) ☐☐
Regional Office	1	____	____	____	____	____	(61-62) ☐☐
National Office (Specify)	1	____	____	____	____	____	(63-64) ☐☐
Part of Grants Application	1	____	____	____	____	____	(65-66) ☐☐
Part of Contract Requirements	1	____	____	____	____	____	(67-68) ☐☐
Other (Specify) ________________	1	____	____	____	____	____	(69-70) ☐☐

20. Do you attempt to distribute your time according to any set formula, e.g., 30% to coordinating T&TA activities, 30% to providing consulting help directly to the Locals, 20% providing Training to Head Start Grantees and 20% to administrative tasks?

*Yes	1	
No	2	(71)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #22.

* IF "YES", ASK:

21. Explain please: ______________________________ (72-73) ☐☐

____

____

____

22. Do you participate at least once a year in any of the following activities to increase your skill and expertise? READ THE LIST

Attend refresher courses/ seminars/conferences	1	(74)
Read current literature in particular field	1	(75)
Collect new audio-visual materials	1	(76)
Collect new kits/ packets	1	(77)
Subject self to evaluation		
--from trainees	1	(78)
--from other trainees	1	(79)

(80) 3

Card 4

(1-9) ☐☐☐☐☐☐☐☐☐

Other (Specify) __________

__________________________ 1 (10)

23. Name the three categories of T/TA you most frequently offered in Fiscal Year 74. In Fiscal Year 75

CATEGORIES OF T/TA	FY 74	FY 75
Education		
Parent Involvement		
Social Services		
Health		
Medical		
Dental		
Mental		
Nutrition		
Handicapped		
Needs Assessment		
Administration		
Management Skills		
Fiscal Management		
Record-Keeping		
Performance Standards		
Other (Specify)		

(11-12) ☐☐

(13-14) ☐☐

(15-16) ☐☐

(17-18) ☐☐

(19-20) ☐☐

(21-22) ☐☐

24. Do you evaluate the training and technical assistance you provide?

*Yes	1	
No	2	(23)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO","DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #26.

* IF "YES", ASK:

25. Which of the following methods do you use:

READ THE LIST AND CIRCLE ALL THAT APPLY

Written reports by trainees	1	(24)
Observer/non-participant reports	1	(25)
Verbal feedback to director	1	(26)
Verbal feedback to provider	1	(27)
Other (Specify)________ ____________________	1	(28)

PART B

This next section of questions concerns your opinion on the excellence of training and technical assistance your organization has provided.

26. Generally, how satisfied or dissatisfied have you been with the training and technical assistance your organization has provided in the past year? Would you say very satisfied, satisfied, dissatisfied, very dissatisfied?

CIRCLE APPROPRIATE RESPONSE

Very satisfied	30	(29-30)
Satisfied	31	
Dissatisfied	32	
Very dissatisfied	33	
Don't Know	88	
Not Applicable	99	

27. How much impact has the training and technical assistance your organization has provided in the past year had on improving the programs (Regions) you serve? Would you say a great deal, quite a bit, some, a little, or none?

CIRCLE APPROPRIATE RESPONSE

A great deal	20	(31-32)
Quite a bit	21	
Some	22	
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

REFER TO LIST OF WORD DEFINITIONS (COMPLETE, PRACTICAL, INFORMATIVE, TIMELY) ONLY IF RESPONDENT ASKS ABOUT WHAT THE WORD MEANS.

In the next several questions I am going to ask you to rate the training and technical assistance you've provided on a scale of 4, 3, 2, or 1, with 4 equalling the best and 1 the worst. If you have any questions as we go along, please ask them.

28. In regard to meeting the needs of your local Head Start program, how would you rate the T&TA provided as being:

COMPLETE	Would you say:		4	
			3	
			2	(33)
			1	
		Don't Know	8	
		Not Applicable	9	

..., as being:

PRACTICAL	Would you say:		4	
			3	
			2	(34)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

INFORMATIVE	Would you say:		4	
			3	
			2	(35)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

TIMELY	Would you say:		4	
			3	
			2	(36)
			1	
		Don't Know	8	
		Not Applicable	9	

29. In regard to meeting the specific needs of the staff, how would you rate the T&TA provided as being:

COMPLETE Would you say:
4
3
2 (37)
1
Don't Know 8
Not Applicable 9

... as being:

PRACTICAL Would you say:
4
3
2 (38)
1
Don't Know 8
Not Applicable 9

... as being:

INFORMATIVE Would you say:
4
3
2 (39)
1
Don't Know 8
Not Applicable 9

... as being:

TIMELY Would you say:
4
3
2
1 (40)
Don't Know 8
Not Applicable 9

30. In regard to meeting the specific needs of parents, how would you rate the T&TA provided as being:

COMPLETE Would you say:

4
3
2 (41)
1

Don't Know 8
Not Applicable 9

... as being:

PRACTICAL Would you say:

4
3
2 (42)
1

Don't Know 8
Not Applicable 9

... as being:

INFORMATIVE Would you say:

4
3
2 (43)
1

Don't Know 8
Not Applicable 9

... as being:

TIMELY Would you say:

4
3
2 (44)
1

Don't Know 8
Not Applicable 9

31. In general, do you feel that the training and technical assistance provided to Head Start staff this past year led to better services for the children?

*	Yes	1	
**	No	2	(45)
	Don't Know	8	
	Not Applicable	9	

IF ANSWER IS "DON'T KNOW" OR "NOT APPLICABLE", GO TO QUESTION #34

* IF "YES," ASK:

32. To what extent? Would you say a great deal, quite a bit, some, or a little?

A great deal	20	
Quite a bit	21	(46-47)
Some	22	
A little	23	

** IF "NO," ASK:

33. Why not?

(48-49)

____

____

____

☐☐

34. In general, do you feel that the training and technical assistance provided to Head Start parents this past year led to better services for the children?

*	Yes	1	
**	No	2	(50)
	Don't Know	8	
	Not Applicable	9	

IF ANSWER IS "DON'T KNOW" OR "NOT APPLICABLE", GO TO QUESTION #37

* IF "YES," ASK:

35. To what extent? Would you say a great deal, quite a bit, some, or a little?

A great deal	20	
Quite a bit	21	(51-52)
Some	22	
A little	23	

** IF "NO," ASK:

36. Why not?

(53-54)

______________________________ ☐☐

____

____

(For each item in this next question, please answer again using the scale 4, 3, 2, or 1; 4 is the best; 1, the worst).

37. Considering all the training and technical assistance your organization has provided within the past year, how well would you say your organization did, on the average, with regard to each of the following items:

a. Was well-prepared for assigned training and technical assistance activity -

Would you say:	4	
	3	
	2	(55)
	1	
Don't Know	8	
Not Applicable	9	

b. Was familiar with Head Start program purposes and needs -

Would you say:	4	
	3	
	2	(56)
	1	
Don't Know	8	
Not Applicable	9	

c. Presented subject matter at a level appropriate to the trainees' experience and education -

Would you say:	4	
	3	
	2	(57)
	1	
Don't Know	8	
Not Applicable	9	

d. Knew training and technical assistance subjects thoroughly -

Would you say: 4
3
2 (58)
1

Don't Know 8
Not Applicable 9

e. Was able to meet the needs of the participants -

Would you say: 4
3
2 (59)
1

Don't Know 8
Not Applicable 9

f. Communicated well with participants of the training and technical assistance activities -

Would you say: 4
3
2 (60)
1

Don't Know 8
Not Applicable 9

g. Used appropriate materials -

Would you say: 4
3
2 (61)
1

Don't Know 8
Not Applicable 9

h. Used appropriate training and technical assistance techniques -

Would you say: 4
3
2 (62)
1

Don't Know 8
Not Applicable 9

i. Followed up after initial activity -

Would you say: 4
3
2 (63)
1

Don't Know 8
Not Applicable 9

j. Evaluated the quality and effectiveness of the training and technical assistance -

Would you say: 4
3
2 (64)
1

Don't Know 8
Not Applicable 9

k. Manifested sensitivity to the needs of the poor -

Would you say: 4
3
2 (65)
1

Don't Know 8
Not Applicable 9

Now I'd like to change the focus to get your opinion on the amount of T&TA given to several categories of people connected with the Head Start programs you serve.

38. For each category of people I name, do you think there should be more, less or about the same amount of T&TA available as there is currently?

a. Administrators	More	5	
	Less	6	
	Same	7	(66)
	D.K.	8	
	N.A.	9	
b. Coordinators	More	5	
	Less	6	
	Same	7	(67)
	D.K.	8	
	N.A.	9	
c. Teachers	More	5	
	Less	6	
	Same	7	(68)
	D.K.	8	
	N.A.	9	
d. Aides	More	5	
	Less	6	
	Same	7	(69)
	D.K.	8	
	N.A.	9	
e. Support Staff	More	5	
	Less	6	
	Same	7	(70)
	D.K.	8	
	N.A.	9	
f. Parents	More	5	
	Less	6	
	Same	7	(71)
	D.K.	8	
	N.A.	9	
g. Other (Specify) ____________	More	5	
	Less	6	
	Same	7	(72)
	D.K.	8	
	N.A.	9	

Now I'd like to ask you about the content areas covered in training and technical assistance.

39. Are there any specific content areas of T&TA that are totally overlooked by your organization and which should be addressed?

*Yes	1	
No	2	(73)
Don't Know	8	
Not Applicable	9	

*IF "YES", ASK:

40. Please specify: ______________________________

____

____

____

(74-75)

☐☐

41. Are there any specific content areas of T&TA that are not being adequately covered by your organization?

*Yes	1	
No	2	
Don't Know	8	(76)
Not Applicable	9	

*IF "YES", ASK:

42. Please specify: ______________________________

____

____

____

(77-78)

☐☐

That concludes the interview. You have been very helpful. Thank you for your cooperation.

(79)
Blank

(80)
4

Time interview ends: ☐

EVALUATION OF THE OVERALL EFFECTIVENESS OF PROJECT HEAD START TRAINING AND TECHNICAL ASSISTANCE PROGRAMS (NATIONALLY)

CASE STUDY REGION INTERVIEW

CAREER DEVELOPMENT AND TECHNICAL ASSISTANCE DIVISION
OFFICE OF CHILD DEVELOPMENT

KIRSCHNER ASSOCIATES

March, 1975

KIRSCHNER ASSOCIATES INC.

Time interview begins:

☐

IF DIRECTOR HAS BEEN INTERVIEWED BY TELEPHONE, BEGIN WITH THIS COVER SHEET. THEN PROCEED TO PAGE #1 OF THE QUESTIONNAIRE.

ON-SITE INTERVIEW

HEAD START DIRECTORS

EVALUATION OF TRAINING AND TECHNICAL ASSISTANCE

NAME OF DIRECTOR: ______________________

LOCATION: ______________________

DATE OF INTERVIEW: ______________________

LENGTH OF INTERVIEW: ______________________

INTERVIEWER: ______________________

FOR OFFICE USE ONLY:

LOG	________	BY	________	DATE	________
EDIT	________	BY	________	DATE	________

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (1-17)

085 S 75001 Expires 6/75

KIRSCHNER ASSOCIATES INC.

Time interview begins:

IF DIRECTOR HAS NOT BEEN INTERVIEWED BY TELEPHONE, BEGIN WITH THIS COVER SHEET. THEN PROCEED TO PAGE #1 OF THE QUESTIONNAIRE.

ON-SITE INTERVIEW
HEAD START DIRECTORS
EVALUATION OF TRAINING AND TECHNICAL ASSISTANCE

NAME: ______________________________

DIRECTOR OF: ______________________________

(CIRCLE ONE: DELEGATE AGENCY PROGRAM CENTER)

LOCATION: ______________________________

NUMBER OF CENTERS SERVED: ______________________________

____

LOCATIONS: ______________________________

____

____

NUMBER OF CHILDREN SERVED: ______________________________

LENGTH OF SERVICE AS DIRECTOR: ______________________________

TELEPHONE: ( ) ______________

INTERVIEWER: ______________________________

DATE: ______________________________

LENGTH OF INTERVIEW: ______________ Minutes

FOR OFFICE USE ONLY:

LOG ________ BY ______________ DATE ________

EDIT ________ BY ______________ DATE ________

(1-17)

I would like to ask you some questions related to the management and delivery of training and technical assistance to your program, and about the excellence of the T&TA that you have received.

FOR STAFF AND PARENTS, OMIT QUESTIONS #1,2,3. GO TO QUESTION #4.

FOR DIRECTORS ONLY, ASK QUESTIONS #1,2,3.

IF DIRECTOR IS THE SAME ONE WHO WAS INTERVIEWED BY TELEPHONE, SAY:

These questions are a follow-up to those which we asked you on (date) ______________ __________.

~~IF DIRECTOR HAS NOT BEEN INTERVIEWED BY TELEPHONE, START WITH QUESTION #1~~.

PART A

First I would like to get some information about your staff.

1. Counting as you would for your grant application, how many full-time, part-time, and volunteer staff are in your program?

ENTER NUMBERS GIVEN. CIRCLE "8" IF RESPONDENT DOES NOT KNOW AND CANNOT FIND OUT.

		FOR OFFICE USE ONLY
Full-time	__________	(18-19)
Part-time	__________	(20-21)
Volunteer	__________	(22-23)
Don't Know	8	(24)

2. What percentage of your staff changes each year?

ENTER NUMBER GIVEN. CIRCLE "8" IF RESPONDENT IS UNABLE TO ESTIMATE.

	____ ____%	(25-26)
Don't Know	8	☐☐

3. How much repetition of training and technical assistance must be done each year because of your staff turnover? Would you say a great deal, quite a bit, some, a little, or none?

HAND RESPONDENT YELLOW CARD WITH LIST OF CATEGORIES. CIRCLE APPROPRIATE RESPONSE.

A great deal	20	
Quite a bit	21	
Some	22	(27-28)
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

ALL RESPONDENTS CONTINUE.

I am going to ask you some questions about the way in which you assess your program needs and then plan for training and technical assistance accordingly.

4. What criteria do you use to identify and measure your local training and technical assistance needs, and then devise your T&TA plan?

READ THE LIST AND CIRCLE ALL THAT APPLY.

National Head Start Objectives	1	(29)
Regional Head Start Objectives	1	(30)
Local Head Start Objectives	1	(31)
Performance Standards	1	(32)
Community Needs	1	(33)
Staff Needs	1	(34)
Volunteer Needs	1	(35)
Parent Needs	1	(36)
Amount of Money Available	1	(37)
Other (Specify)	1	(38)
______________________________		
______________________________		
Don't Know	8	(39)
Not Applicable	9	(40)

5. In order of importance, list the top three criteria you use to assess your local training and technical assistance needs and devise your T&TA plan?

1. ______________________ (41-42) ☐☐

2. ______________________ (43-44) ☐☐

3. ______________________ (45-46) ☐☐

Don't Know	8	(47)
Not Applicable	9	(48)

6. Do you identify specific program improvement areas (e.g., nutrition) as part of your training and technical assistance planning?

CIRCLE APPROPRIATE ANSWER

Yes	1	
No	2	
Don't Know	8	(49)
Not Applicable	9	

7. Which of the following do you use for assessing local training and technical assistance needs and devising your T&TA plan?

READ THE LIST AND CIRCLE ALL THAT APPLY.

Formal needs assessment tools	1	(50)
Staff evaluation forms	1	(51)
Staff meetings	1	(52)
Provider reports		(53)
RTO/STO/STATO/OICS	1	(53)
Other provider	1	(54)
Regional Office materials/ guidance	1	(55)
Regional Office staff (e.g., CR)	1	(56)
Other (Specify)	1	(57)
Don't Know	8	(58)
Not Applicable	9	(59)

8. Who in your program is directly involved in determining local training and technical assistance needs and devising your T&TA plan?

CIRCLE ALL THOSE MENTIONED

Director	1	(60)
*Staff	1	(61)
Parents	1	(62)
Grantee Board	1	(63)
Policy Advisory Council	1	(64)
Other (Specify)	1	(65)
______________________		
______________________		
Don't Know	8	(66)
Not Applicable	9	(67)

IF STAFF IS NOT MENTIONED, GO TO QUESTION #10.

* **IF STAFF IS INCLUDED, ASK:**

9. Which members of the staff are involved?

CIRCLE ALL THOSE MENTIONED

Teachers	1	(68)
Coordinators		
Education	1	(69)
Health	1	(70)
Social Services	1	(71)
Parent Involvement	1	(72)
Career Development	1	(73)
Aides	1	(74)
Volunteers	1	(75)
Other (Specify)	1	(76)
______________________		
______________________		
Don't Know	8	(77)
Not Applicable	9	(78)

(79-80)

0	1

Card 2

(1-17)

10. Are any providers of training and technical assistance involved in determining your local needs and/or devising your T&TA plan?

*Yes	1	
No	2	(18)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #12.

*IF "YES," ASK:

11. Which providers?

CIRCLE ALL THOSE MENTIONED. LIST NAMES IF RESPONDENT VOLUNTEERS INFORMATION.

State T&TA Grantee		1	(19)
RTO/STO/STATO/OICS		1	(20)
Other T&TA providers			
Public School	____________	1	(21)
Universities/Colleges	____________	1	(22)
Community agencies			
Public	____________	1	(23)
Private	____________	1	(24)
Private companies	____________	1	(25)
Churches	____________	1	(26)
Private consultants	____________	1	(27)
Other (Specify)	____________	1	(28)

12. In your program, who makes the final decision about what your training and technical assistance need are and the contents of your T&TA plan?

LIST TITLE AND NAME

____

____

(29-30) ☐☐

Don't Know	88
Not Applicable	99

13. At what point in the program year do you begin your training and technical assistance planning procedures?

DO NOT READ LIST. CIRCLE ONLY ONE ANSWER.

(31-32)

On-going	01
February	02
March	03
April	04
May	05
Summer	06
When Regional Office sends guidance	07
Other (Specify)	08
____________________	
Don't Know	88
Not Applicable	99

14. Generally, how much time passes between the beginning of your needs assessment process and the completion of your written T&TA plan? Please answer in terms of months.

_______________ months

(33-34) ☐☐

Don't Know	88
Not Applicable	99

15. How effective is the process you use to assess local training and technical assistance needs and devise your T&TA plan? Would you say excellent, very good, good, fair, or poor?

HAND RESPONDENT PINK CARD WITH LIST OF CATEGORIES AND CIRCLE APPROPRIATE RESPONSE.

Excellent	10	
Very good	11	
Good	12	(35-36)
Fair	13	
Poor	14	
Don't Know	88	
Not Applicable	99	

16. How much improvement do you think is required in your processes for assessing training and technical assistance needs and devising your T&TA plan? Would you say a great deal, quite a bit, some, a little, or none?

REFER RESPONDENT TO YELLOW CARD WITH LIST OF CATEGORIES AND CIRCLE APPROPRIATE RESPONSE.

A great deal	20	
Quite a bit	21	
Some	22	(37-38)
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

17. How would you rate the effectiveness of the coordination between the Regional Office and your program in terms of planning for training and technical assistance at the local level? Would you say it is excellent, very good, good, fair or poor?

REFER RESPONDENT TO PINK CARD WITH LIST OF CATEGORIES AND CIRCLE APPROPRIATE RESPONSE.

Excellent	10	
Very good	11	
Good	12	(39-40)
Fair	13	
Poor	14	
Don't Know	88	
Not Applicable	99	

IF T&TA IS NOT PROVIDED BY STATE OR REGIONAL TRAINING OFFICE, GO TO QUESTION #19.

IF T&TA IS PROVIDED BY STATE OR REGIONAL TRAINING OFFICE, ASK:

18. How would you rate the effectiveness of the coordination between the State Training Office and your program in terms of planning for training and technical assistance at the local level? Would you say it is excellent, very good, good, fair or poor?

REFER RESPONDENT TO PINK CARD WITH LIST.

Excellent	10	
Very good	11	
Good	12	(41-42)
Fair	13	
Poor	14	
Don't Know	88	
Not Applicable	99	

19. Are you familiar with the way that the Regional Office selects providers?

*Yes	1	
No	2	(43)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE, GO TO QUESTION #21.

* IF "YES," ASK:

20. How would you rate the effectiveness of this selection process in terms of delivery of good training and technical assistance to the local program? Would you say it is excellent, very good, good, fair or poor?

REFER RESPONDENT TO PINK CARD WITH LIST.

Excellent	10	
Very good	11	
Good	12	(44-45)
Fair	13	
Poor	14	
Don't Know	88	
Not Applicable	99	

21. Are you familiar with the way that Regional Training Officers (State Training Officers; State Technical Assistance and Training Officers; or Officers of Indian Child Services) are chosen?

*Yes	1	(46)
No	2	
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #23.

* IF "YES," ASK:

22. How would you rate the effectiveness of this selection process in terms of delivery of good training and technical assistance to the local program? Would you say it is excellent, very good, good, fair, or poor?

REFER RESPONDENT TO PINK CARD WITH LIST.

Excellent	10	(47-48)
Very good	11	
Good	12	
Fair	13	
Poor	14	
Don't Know	88	
Not Applicable	99	

23. Do you have an opportunity to have input into the Regional Office training and technical assistance plan?

Yes	1	(49)
No	2	
Don't Know	8	
Not Applicable	9	

24. Do you receive a copy of the training and technical assistance plan that the Regional Office submits to the Office of Child Development headquarters?

*Yes	1	
No	2	(50)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #26.

*IF "YES," ASK:

25. Is the copy you receive the complete plan, partial plan, or a summary of the plan?

Complete plan	1	
Partial plan	2	(51)
Summary	3	
Other (Specify)	4	

____

____

26. Do you submit a written report about the training and technical assistance activities in your program?

*Yes	1	
No	2	(52)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #28.

* IF "YES", ASK:

27. To whom do you submit it? How often?

CHECK FREQUENCY COLUMN AS APPROPRIATE

	CIRCLE ALL THAT APPLY	Monthly (5)	Quarterly (6)	After T&TA is provided (7)	Annually (8)	Other (Specify) (9)	
Policy Advisory Council	1	___	___	___	___	___	(53-54) ☐☐
Grantee Board	1	___	___	___	___	___	(55-56) ☐☐
State T&TA Grantee	1	___	___	___	___	___	(57-58) ☐☐
The Provider Involved	1	___	___	___	___	___	(59-60) ☐☐
Regional Office	1	___	___	___	___	___	(61-62) ☐☐
Other (Specify) ____________ ____________	1	___	___	___	___	___	(63-64) ☐☐

28. Do you evaluate the training and technical assistance you receive from providers?

*Yes	1	
No	2	(65)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #30.

*IF "YES," ASK:

29. Do you use any of the following:

READ THE LIST AND CIRCLE ALL THAT APPLY.

Written reports by trainees	1	(66)
Observer/non-participant reports	1	(67)
Verbal feedback to the Director	1	(68)
Verbal feedback to the provider	1	(69)
Other (Specify)	1	(70)

____

____

30. Overall, to what extent have the end results of your efforts to assess needs, plan and manage training and technical assistance improved your program performance? Would you say a great deal, quite a bit, some, a little, or none?

REFER RESPONDENT TO YELLOW CARD WITH LIST.

A great deal	20	(71-72)
Quite a bit	21	
Some	22	
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

(73-78)
Blank

(79-80)

| 0 | 2 |

Card 3

(1-17)

PART B

This next section of questions concerns your opinion on the excellence of training and technical assistance provided to your program.

31. Generally, how satisfied or dissatisfied have you been with the training and technical assistance your program has received in the past year? Would you say very satisfied, satisfied, dissatisfied, very dissatisfied?

SHOW RESPONDENT BLUE CARD WITH LIST OF CATEGORIES. CIRCLE APPROPRIATE RESPONSE.

Very satisfied	30	
Satisfied	31	
Dissatisfied	32	(18-19)
Very Dissatisfied	33	
Don't Know	88	
Not Applicable	99	

32. How much impact has the training and technical assistance you have received in the past year had on improving your program? Would you say a great deal, quite a bit, some, a little, or none?

REFER RESPONDENT TO YELLOW CARD WITH LIST.

A great deal	20	
Quite a bit	21	
Some	22	(20-21)
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

REFER TO LIST OF WORD DEFINITIONS (COMPLETE, PRACTICAL, INFORMATIVE, TIMELY) ONLY IF RESPONDENT ASKS ABOUT WHAT THE WORD MEANS.

In the next several questions I am going to ask you to rate the training and technical assistance you've received on a scale of 4, 3. 2, or 1, with 4 equalling the best and 1 the worst. If you have any questions as we go along, please ask them.

33. In regard to meeting the needs of your local Head Start program, how would you rate the T&TA provided as being:

COMPLETE	Would you say:		4	
			3	
			2	(22)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

PRACTICAL	Would you say:		4	
			3	
			2	(23)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

INFORMATIVE	Would you say:		4	
			3	
			2	(24)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

TIMELY	Would you say:		4	
			3	
			2	(25)
			1	
		Don't Know	8	
		Not Applicable	9	

34. In regard to meeting the specific needs of the staff, how would you rate the T&TA provided as being:

COMPLETE	Would you say:		4	
			3	
			2	(26)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

PRACTICAL	Would you say:		4	
			3	
			2	(27)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

INFORMATIVE	Would you say:		4	
			3	
			2	(28)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

TIMELY	Would you say:		4	
			3	
			2	(29)
			1	
		Don't Know	8	
		Not Applicable	9	

35. In regard to meeting the specific needs of parents, how would you rate the T&TA provided as being:

COMPLETE Would you say:
4
3
2 (30)
1

Don't Know 8
Not Applicable 9

... as being:

PRACTICAL Would you say:
4
3
2 (31)
1

Don't Know 8
Not Applicable 9

... as being:

INFORMATIVE Would you say:
4
3
2 (32)
1

Don't Know 8
Not Applicable 9

... as being:

TIMELY Would you say:
4
3
2 (33)
1

Don't Know 8
Not Applicable 9

36. In general, do you feel that the training and technical assistance provided to Head Start staff this past year led to better services for the children?

*Yes	1	
**No	2	(34)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "DON'T KNOW" OR "NOT APPLICABLE", GO TO QUESTION #39.

*IF "YES," ASK:

37. To what extent? Would you say a great deal, quite a bit, some, or a little?

A great deal	20	
Quite a bit	21	(35-36)
Some	22	
A little	23	

** IF "NO," ASK:

38. Why not?

____ (35-36)

____ ☐☐

____

39. In general, do you feel that the training and technical assistance provided to Head Start parents this past year led to better services for the children?

*Yes	1	
**No	2	(37)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "DON'T KNOW" OR "NOT APPLICABLE", GO TO QUESTION #42.

* IF "YES," ASK:

40. To what extent? Would you say a great deal, quite a bit, some, or a little?

A great deal	20	
Quite a bit	21	(38-39)
Some	22	
A little	23	

** IF "NO," ASK:

41. Why not?

____ (38-39)

____ ☐☐

____

42. How satisfied or dissatisfied are you with the amount of money available for training and technical assistance to your program? Would you say very satisfied, satisfied, dissatisfied, or very dissatisfied?

REFER RESPONDENT TO BLUE CARD WITH LIST.

Very satisfied	30	
Satisfied	31	
Dissatisfied	32	(40-41)
Very dissatisfied	33	
Don't Know	88	
Not Applicable	99	

43. If you had a choice in the matter, would you want more, less, or the same amount of money available for training and technical assistance to your program?

More	5	
Less	6	
Same	7	(42)
Don't Know	8	
Not Applicable	9	

44. (For each item in this next question, please answer again using the scales 4, 3, 2, or 1; 4 is the best; 1, the worst.) Considering all the training and technical assistance your program has received within the past year, how well would you say your providers did, on the average, with regard to each of the following items:

a. Was well-prepared for assigned training and technical assistance activity -

Would you say:	4	
	3	
	2	(43)
	1	
Don't Know	8	
Not Applicable	9	

b. Was familiar with Head Start program purposes and needs -

Would you say:	4	
	3	
	2	(44)
	1	
Don't Know	8	
Not Applicable	9	

c. Presented subject matter at a level appropriate to the trainees' experience and education -

Would you say:	4	
	3	
	2	(45)
	1	
Don't Know	8	
Not Applicable	9	

d. Knew training and technical assistance subjects thoroughly -

Would you say:	4	
	3	
	2	(46)
	1	
Don't Know	8	
Not Applicable	9	

e. Was able to meet the needs of the participants -

Would you say:	4	
	3	
	2	(47)
	1	
Don't Know	8	
Not Applicable	9	

f. Communicated well with participants of the training and technical assistance activities -

Would you say:	4	
	3	
	2	(48)
	1	
Don't Know	8	
Not Applicable	9	

g. Used appropriate materials -

Would you say:	4	
	3	
	2	(49)
	1	
Don't Know	8	
Not Applicable	9	

h. Used appropriate training and technical assistance techniques -

Would you say:	4	
	3	
	2	(50)
	1	
Don't Know	8	
Not Applicable	9	

i. Followed up after initial activity -

Would you say:		4	
		3	
		2	(51)
		1	
	Don't Know	8	
	Not Applicable	9	

j. Evaluated the quality and effectiveness of the training and technical assistance -

Would you say:		4	
		3	
		2	(52)
		1	
	Don't Know	8	
	Not Applicable	9	

k. Manifested sensitivity to the needs of the poor -

Would you say:		4	
		3	
		2	(53)
		1	
	Don't Know	8	
	Not Applicable	9	

The next questions seek your opinion on the excellence of particular kinds of providers of training and technical assistance. The questions are divided into 4 categories: national providers, regional providers (including RTOs/STOs), non-Head Start resources, and, if applicable, directly-purchased T&TA.

FOR DIRECTORS WITH WHOM TELEPHONE INTERVIEWS HAVE BEEN CONDUCTED, GO TO QUESTION #47.

FOR DIRECTORS WITH WHOM TELEPHONE INTERVIEWS HAVE NOT BEEN CONDUCTED, AND STAFF AND PARENTS ONLY, ASK QUESTIONS #45 AND 46.

45. From which national training and technical assistance providers have you received services during the past year?

READ THE LIST AND CIRCLE ALL THAT APPLY

HEALTH		
American Academy of Pediatrics	1	(54)
U.S. Public Health Service	1	(55)
American Psychological Association	1	(56)
American Dietetic Association	1	(57)
HANDICAPPED		
Council for Exceptional Children	1	(58)
Technical Assistance Development	1	(59)
System (TADS) (Fiscal year 1974)	1	(60)
Communications Research Lab (FY 1975)	1	(61)
MATERIALS		
Modern Talking Pictures	1	(62)
Educational Resources Information Center (ERIC)	1	(63)
Inter-American Research Association	1	(64)
HSST/CDA		
High Scope Foundation	1	(65)
CDA Consortium	1	(66)
UNIDOS Management Associates	1	(67)
SPECIFIC GRANTEE (IMPD,PCC,CFRP)		
Social Dynamics	1	(68)
Transcendental Corporation	1	(69)

46. What percent of all the training and technical assistance you received in the past year came from these national providers?

(70-71)

_______%

☐☐

ALL RESPONDENTS CONTINUE.

47. Generally, how satisfied or dissatisfied have you been with the training and technical assistance your program has received in the past year from national providers? Would you say very satisfied, satisfied, dissatisfied, very dissatisfied?

REFER RESPONDENT TO BLUE CARD WITH LIST.

Very satisfied	30	
Satisfied	31	
Dissatisfied	32	(72-73)
Very dissatisfied	33	
Don't Know	88	
Not Applicable	99	

FOR DIRECTORS WITH WHOM TELEPHONE INTERVIEWS HAVE BEEN CONDUCTED, GO TO QUESTION 50.

48. From which regionally-funded training and technical assistance providers have you received services during the past year?

READ THE LIST AND CIRCLE ALL THAT APPLY. LIST NAMES IF RESPONDENT VOLUNTEERS INFORMATION.

Head Start Supplementary Training ________________________	1	(74)
Child Development Associate Program ________________________	1	(75)
State (Regional) Training Office ________________________	1	(76)
Other (Specify) ________________________	1	(77)
		(78) (Blank)
		(79-80) 0 3
		Card 4
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐		(1-17)

49. What percent of all the training and technical assistance you received in the past year came from these regional providers?

______%

(18-19)

☐☐

ALL RESPONDENTS CONTINUE.

50. Generally, how satisfied or dissatisfied have you been with the T&TA your program has received in the past year from regional providers? Would you say very satisfied, satisfied, dissatisfied, very dissatisfied?

REFER RESPONDENT TO BLUE CARD WITH LIST.

Very satisfied	30	
Satisfied	31	
Dissatisfied	32	(20-21)
Very dissatisfied	33	
Don't Know	88	
Not Applicable	99	

~~IF RESPONDENT'S PROGRAM IS NOT DIRECTLY-FUNDED FOR TRAINING AND TECHNICAL ASSISTANCE, GO TO QUESTION #54.~~

51. Does your program receive money directly from the Region Office to buy some of its own training and technical assistance?

Yes	1	(22)
No	2	
Don't Know	8	
Not applicable	9	

IF RESPONDENT'S PROGRAM IS NOT DIRECTLY-FUNDED FOR TRAINING AND TECHNICAL ASSISTANCE, GO TO QUESTION #55

FOR ALL DIRECTLY-FUNDED PROGRAMS, ASK:

FOR DIRECTORS WITH WHOM TELEPHONE INTERVIEW HAS BEEN CONDUCTED, GO TO QUESTION #54.

52. From what types of local training technical assistance providers have you bought services during the past year?

READ THE LIST. CIRCLE ALL THOSE MENTIONED LIST NAMES AND TYPE OF T&TA IF RESPONDENT VOLUNTEERS INFORMATION.

Public Schools	______	1	(23)
Universities/Colleges	______	1	(24)
Community agencies			
Public	______	1	(25)
Private	______	1	(26)
Private companies	______	1	(27)
Churches	______	1	(28)
Private Consultants	______	1	(29)
Other (Specify)	______	1	(30)

53. What percent of all training and technical assistance you received in the past year came from these local providers? (31-32)

______%

ALL RESPONDENTS IN DIRECTLY-FUNDED PROGRAMS CONTINUE.

54. Generally, how satisfied or dissatisfied have you been with the T&TA your program has purchased in the past year from local providers? Would you say very satisfied, satisfied, dissatisfied, very dissatisfied?

REFER RESPONDENT TO BLUE CARD WITH LIST.

Very satisfied	30	
Satisfied	31	
Dissatisfied	32	(33-34)
Very dissatisfied	33	
Don't Know	88	
Not Applicable	99	

FOR DIRECTORS WITH WHOM TELEPHONE INTERVIEW HAS BEEN CONDUCTED, GO TO QUESTION #57.

55. From what types of non-Head Start organizations have you received (without cost) training and technical assistance servcies during the past year?

READ THE LIST. CIRCLE ALL THOSE MENTIONED. LIST NAMES AND TYPE OF T&TA IF RESPONDENT VOLUNTEERS INFORMATION.

Public Schools	____________	1	(35)
Universities/Colleges	____________	1	(36)
Community agencies			
Public	____________	1	(37)
Private	____________	1	(38)
Private companies	____________	1	(39)
Churches	____________	1	(40)
Private consultants	____________	1	(41)
Other (Specify)	____________	1	(42)

56. What percent of all training and technical assistance you received in the past year came from non-Head Start sources?

______%

(43-44) ☐☐

CHECK TO BE SURE THAT PERCENTS ADD UP TO 100%: IF NOT, ASK RESPONDENT TO RECALCULATE FIGURES AS CAREFULLY AS POSSIBLE TO REFLECT PROPORTIONS OF TRAINING AND TECHNICAL ASSISTANCE FROM EACH SOURCE AND STILL TOTAL 100%.

Source	%
National Providers	____
Regional Providers	____
Local Providers (If applicable)	____
Non-Head Start	____
	100%

ALL RESPONDENTS CONTINUE.

57. Generally, how satisfied or dissatisfied have you been with the training and technical assistance you have received this past year without cost from non-Head Start sources. Would you say very satisfied, satisfied, dissatisfied, very dissatisfied?

REFER RESPONDENT TO BLUE CARD WITH LIST.

Very satisfied	30	
Satisfied	31	
Dissatisfied	32	(45-46)
Very dissatisfied	33	
Don't Know	88	
Not Applicable	99	

58. Do you think more, less, or the same number of local Head Start programs should be directly-funded to purchase their own training and technical assistance?

*More, if	4	
More	5	
Less	6	
Same	7	(47)
Don't Know	8	
Not Applicable	9	

*If local T/TA providers are available and adequate

That concludes the series of questions on the different kinds of providers of training and technical assistance. Now I'd like to change the focus and get your opinion on the amount of T&TA given to several categories of people connected with your Head Start program.

59. For each category of people I name, do you think there should be more, less or the same amount of T&TA available as there is currently?

a. Administrators	More	5	
	Less	6	
	Same	7	(48)
	Don't Know	8	
	Not Applicable	9	
b. Coordinators	More	5	
	Less	6	
	Same	7	(49)
	Don't Know	8	
	Not Applicable	9	
c. Teachers	More	5	
	Less	6	
	Same	7	(50)
	Don't Know	8	
	Not Applicable	9	
d. Aides	More	5	
	Less	6	
	Same	7	(51)
	Don't Know	8	
	Not Applicable	9	
e. Support Staff	More	5	
	Less	6	
	Same	7	(52)
	Don't Know	8	
	Not Applicable	9	
f. Parents	More	5	
	Less	6	
	Same	7	(53)
	Don't Know	8	
	Not Applicable	9	
g. Other (Specify)	More	5	
	Less	6	(54)
	Same	7	

____

____

60. Could you get more T&TA if you wanted it?

* Yes	1	
No	2	
Hope so	3	(55)
Looking	4	
Don't Know	8	
Not Applicable	9	

FOR ALL ANSWERS EXCEPT "YES", GO TO QUESTION #62.

* IF "YES," ASK:

61. From which of the following:

READ THE LIST AND CIRCLE ALL THAT APPLY. LIST SPECIFIC NAMES MENTIONED.

National providers (Specify) ________________	1	(56)
Regional providers (Specify) ________________	1	(57)
Non-Head Start sources (Specify) ________________	1	(58)
Directly purchased (Specify) ________________	1	(59)

Now I'd like to ask you about the content areas covered in training and technical assistance.

62. Are there any specific content areas of T&TA (e.g. fiscal management) that are totally overlooked by the various providers from whom you receive services?

*Yes	1	
No	2	(60)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #64.

*IF "YES," ASK:

63. Please specify.

1. ____ (61-62) ☐☐

2. ____ (63-64) ☐☐

3. ____ (65-66) ☐☐

64. Are there any specific content areas of T&TA that are not being adequately covered by the various providers from whom you receive services?

*Yes	1	
No	2	
Don't Know	8	(67)
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #66.

*IF "YES," ASK:

65. Please specify.

1. ____ (68-69) ☐☐

2. ____ (70-71) ☐☐

3. ____ (72-73) ☐☐

66. Regarding nutrition T&TA, how satisfied or dissatisfied are you with that your program has received in the past year? Would you say very satisfied, satisfied, dissatisfied, or very dissatisfied?

REFER RESPONDENT TO BLUE CARD WITH LIST.

Very satisfied	30	
Satisfied	31	
Dissatisfied	32	(74-75)
Very dissatisfied	33	
Don't Know	88	
Not Applicable	99	

67. How much more nutrition T&TA do you think is required to meet the needs of your program? Would you say a great deal, quite a bit, some, a little, or none?

REFER RESPONDENT TO YELLOW CARD WITH LIST OF CATEGORIES AND CIRCLE APPROPRIATE RESPONSE.

A great deal	20	
Quite a bit	21	
Some	22	(76-77)
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

(78)
Blank

(79-80)

0	4

																	(1-17)

68. Regarding psychological services T&TA, how satisfied or dissatisfied are you with that your program has received in the past year? Would you say very satisfied, satisfied, dissatisfied, or very dissatisfied?

REFER RESPONDENT TO BLUE CARD WITH LIST.

Very satisfied	30	
Satisfied	31	
Dissatisfied	32	(18-19)
Very dissatisfied	33	
Don't Know	88	
Not Applicable	99	

69. How much more psychological services T&TA do you think is required to meet the needs of your program? Would you say a great deal, quite a bit, some, a little, or none?

REFER RESPONDENT TO YELLOW CARD WITH LIST OF CATEGORIES AND CIRCLE APPROPRIATE RESPONSE.

A great deal	20	
Quite a bit	21	
Some	22	(20-21)
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

70. Regarding T&TA for handicapped services, how satisfied or dissatisfied are you with that which your program has received in the past year? Would you say very satisfied, satisfied, dissatisfied, or very dissatisfied?

REFER RESPONDENT TO BLUE CARD WITH LIST.

Very satisfied	30	
Satisfied	31	
Dissatisfied	32	(22-23)
Very dissatisfied	33	
Don't Know	88	
Not Applicable	99	

71. How much more T&TA for handicapped services do you think is required to meet the needs of your program? Would you say a great deal, quite a bit, some, a little, or none?

REFER RESPONDENT TO YELLOW CARD WITH LIST OF CATEGORIES AND CIRCLE APPROPRIATE RESPONSE.

A great deal	20	
Quite a bit	21	
Some	22	(24-25)
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

72. What particular kinds of T&TA servcies for the handicapped that you don't already receive would benefit your program? Specify.

(26-27)

1. ______________________________ ☐☐

(28-29)

2. ______________________________ ☐☐

(30-31)

3. ______________________________ ☐☐

Don't Know	8
Not Applicable	9

73. What resources do you have available to your program to give needed expertise and information about the handicapped?

National Provider	1	(32)
Regional Provider (Specify) ______________	1	(33)
STO/RTO/OICS/STATO	1	(34)
Community agency (Specify) ______________	1	(35)
Private consultant (Specify) ______________	1	(36)
University/College (Specify) ______________	1	(37)
Materials written and A-V (Specify) ______________	1	(38)
Other (Specify) ______________	1	(39)
Don't Know	8	
Not Applicable	9	

74. What types of problems occur in trying to identify and incorporate the handicapped into your program?

(40-41) ☐☐

____

____

(42-43) ☐☐

____

____

(44-45) ☐☐

(46-47) ☐☐

Don't Know	88
Not Applicable	99

75. In regard to the services offered by your local Head Start program, how supportive and cooperative are community leaders (e.g. donating space, time, expertise)? Would you say a great deal, quite a bit, some, a little, or none?

A great deal	20
Quite a bit	21
Some	22
A little	23
None	24
Don't Know	88
Not Applicable	99

(48-49)

76. In regard to the services offered by the Head Start program, how receptive and cooperative are the parents of the children (e.g. volunteering to help with projects)? Would you say a great deal, quite a bit, some, a little, or none?

A great deal	20	
Quite a bit	21	
Some	22	
A little	23	(50-51)
None	24	
Don't Know	88	
Not Applicable	99	

77. Finally, do you feel your own career development has been helped by any of the training and technical assistance you've received at this Head Start program?

* Yes	1	
No	2	(52)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", CONCLUDE INTERVIEW.

* IF "YES," ASK:

78. Would you say it has helped a great deal, quite a bit, some, or a little?

REFER RESPONDENT TO YELLOW CARD WITH LIST.

A great deal	20	
Quite a bit	21	
Some	22	(53-54)
A little	23	
Don't Know	88	
Not Applicable	99	

That concludes the interview You have been very helpful. Thank you for your cooperation.

(55-78)
Blank

(79-80)

| 0 | 5 |

Time interview ends

EVALUATION OF THE OVERALL EFFECTIVENESS OF PROJECT HEAD START TRAINING AND TECHNICAL ASSISTANCE PROGRAMS (NATIONALLY)

CASE STUDY REGION INTERVIEW

CAREER DEVELOPMENT AND TECHNICAL ASSISTANCE DIVISION
OFFICE OF CHILD DEVELOPMENT

KIRSCHNER ASSOCIATES

March, 1975

KIRSCHNER ASSOCIATES INC

ON-SITE INTERVIEW

HEAD START STAFF

EVALUATION OF TRAINING AND TECHNICAL ASSISTANCE

NAME: ____________________

INTERVIEWER: ____________________

DATE: ____________________

LENGTH OF INTERVIEW: __________ Minutes

FOR OFFICE USE ONLY:

LOG __________ BY __________ DATE __________

EDIT __________ BY __________ DATE __________

Time interview begins:

ON-SITE STAFF INTERVIEW

POSITION: ______________________________

SERVING IN: (CIRCLE ONE) DELEGATE AGENCY PROGRAM CENTER

LOCATION: ______________________________

NUMBER OF CENTERS SERVED: ______________________________

LOCATIONS: ______________________________

____

____

NUMBER OF CHILDREN SERVED: ______________________________

LENGTH OF TIME IN POSITION: ______________________________

(1-17)

I would like to ask you some questions related to the management and delivery of training and technical assistance to your program, and about the excellence of the T&TA that you have received.

FOR STAFF AND PARENTS, OMIT QUESTIONS #1,2,3. GO TO QUESTION #4.

FOR DIRECTORS ONLY, ASK QUESTIONS #1,2,3.

IF DIRECTOR IS THE SAME ONE WHO WAS INTERVIEWED BY TELEPHONE, SAY:

These questions are a follow-up to those which we asked you on (date) ____________________ ______________.

~~IF DIRECTOR HAS NOT BEEN INTERVIEWED BY TELEPHONE, START WITH QUESTION #1.~~

PART A

First I would like to get some information about your staff.

1. Counting as you would for your grant application, how many full-time, part-time, and volunteer staff are in your program?

ENTER NUMBERS GIVEN. CIRCLE "8" IF RESPONDENT DOES NOT KNOW AND CANNOT FIND OUT.

FOR OFFICE USE ONLY

Full-time ____________ (18-19)

Part-time ____________ (20-21)

Volunteer ____________ (22-23)

Don't Know 8 (24)

2. What percentage of your staff changes each year?

ENTER NUMBER GIVEN. CIRCLE "8" IF RESPONDENT IS UNABLE TO ESTIMATE.

______ ______% (25-26)

Don't Know 3

3. How much repetition of training and technical assistance must be done each year because of your staff turnover? Would you say a great deal, quite a bit, some, a little, or none?

HAND RESPONDENT YELLOW CARD WITH LIST OF CATEGORIES. CIRCLE APPROPRIATE RESPONSE.

A great deal	20	
Quite a bit	21	
Some	22	(27-28)
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

ALL RESPONDENTS CONTINUE.

I am going to ask you some questions about the way in which you assess your program needs and then plan for training and technical assistance accordingly.

4. What criteria do you use to identify and measure your local training and technical assistance needs, and then devise your T&TA plan?

READ THE LIST AND CIRCLE ALL THAT APPLY.

National Head Start Objectives	1	(29)
Regional Head Start Objectives	1	(30)
Local Head Start Objectives	1	(31)
Performance Standards	1	(32)
Community Needs	1	(33)
Staff Needs	1	(34)
Volunteer Needs	1	(35)
Parent Needs	1	(36)
Amount of Money Available	1	(37)
Other (Specify)	1	(38)
____________________		
____________________		
Don't Know	8	(39)
Not Applicable	9	(40)

5. In order of importance, list the top three criteria you use to assess your local training and technical assistance needs and devise your T&TA plan?

1. ______________________________ (41-42)

☐☐

2. ______________________________ (43-44)

☐☐

3. ______________________________ (45-46)

☐☐

Don't Know	8	(47)
Not Applicable	9	(48)

6. Do you identify specific program improvement areas (e.g., nutrition) as part of your training and technical assistance planning?

CIRCLE APPROPRIATE ANSWER

Yes	1	
No	2	
Don't Know	8	(49)
Not Applicable	9	

7. Which of the following do you use for assessing local training and technical assistance needs and devising your T&TA plan?

READ THE LIST AND CIRCLE ALL THAT APPLY.

Formal needs assessment tools	1	(50)
Staff evaluation forms	1	(51)
Staff meetings	1	(52)
Provider reports		(53)
RTO/STO/STATO/OICS	1	(53)
Other provider	1	(54)
Regional Office materials/ guidance	1	(55)
Regional Office staff (e.g., CR)	1	(56)
Other (Specify)	1	(57)
Don't Know	8	(58)
Not Applicable	9	(59)

8. Who in your program is directly involved in determining local training and technical assistance needs and devising your T&TA plan?

CIRCLE ALL THOSE MENTIONED

Director	1	(60)
*Staff	1	(61)
Parents	1	(62)
Grantee Board	1	(63)
Policy Advisory Council	1	(64)
Other (Specify)	1	(65)
____________________		
____________________		
Don't Know	8	(66)
Not Applicable	9	(67)

IF STAFF IS NOT MENTIONED, GO TO QUESTION #10.

* IF STAFF IS INCLUDED, ASK:

9. Which members of the staff are involved?

CIRCLE ALL THOSE MENTIONED

Teachers	1	(68)
Coordinators		
Education	1	(69)
Health	1	(70)
Social Services	1	(71)
Parent Involvement	1	(72)
Career Development	1	(73)
Aides	1	(74)
Volunteers	1	(75)
Other (Specify)	1	(76)
____________________		
____________________		
Don't Know	8	(77)
Not Applicable	9	(78)

(79-80)

0	1

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (1-17)

10. Are any providers of training and technical assistance involved in determining your local needs and/or devising your T&TA plan?

*Yes	1	(18)
No	2	
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #12.

*IF "YES," ASK:

11. Which providers?

CIRCLE ALL THOSE MENTIONED. LIST NAMES IF RESPONDENT VOLUNTEERS INFORMATION.

State T&TA Grantee	1	(19)
RTO/STO/STATO/OICS	1	(20)
Other T&TA providers		
Public School ________	1	(21)
Universities/Colleges ________	1	(22)
Community agencies		
Public ________	1	(23)
Private ________	1	(24)
Private companies ________	1	(25)
Churches ________	1	(26)
Private consultants ________	1	(27)
Other (Specify) ________	1	(28)

12. In your program, who makes the final decision about what your training and technical assistance need are and the contents of your T&TA plan?

LIST TITLE AND NAME

(29-30)

____

____

☐☐

Don't Know	88
Not Applicable	99

13. At what point in the program year do you begin your training and technical assistance planning procedures?

DO NOT READ LIST. CIRCLE ONLY ONE ANSWER.

(31-32)

On-going	01
February	02
March	03
April	04
May	05
Summer	06
When Regional Office sends guidance	07
Other (Specify)	08
______________________	
Don't Know	88
Not Applicable	99

14. Generally, how much time passes between the beginning of your needs assessment process and the completion of your written T&TA plan? Please answer in terms of months.

(33-34)

______________ months

☐☐

Don't Know	88
Not Applicable	99

15. How effective is the process you use to assess local training and technical assistance needs and devise your T&TA plan? Would you say excellent, very good, good, fair, or poor?

HAND RESPONDENT PINK CARD WITH LIST OF CATEGORIES AND CIRCLE APPROPRIATE RESPONSE.

Excellent	10	
Very good	11	
Good	12	(35-36)
Fair	13	
Poor	14	
Don't Know	88	
Not Applicable	99	

16. How much improvement do you think is required in your processes for assessing training and technical assistance needs and devising your T&TA plan? Would you say a great deal, quite a bit, some, a little, or none?

REFER RESPONDENT TO YELLOW CARD WITH LIST OF CATEGORIES AND CIRCLE APPROPRIATE RESPONSE.

A great deal	20	
Quite a bit	21	
Some	22	(37-38)
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

17. How would you rate the effectiveness of the coordination between the Regional Office and your program in terms of planning for training and technical assistance at the local level? Would you say it is excellent, very good, good, fair or poor?

REFER RESPONDENT TO PINK CARD WITH LIST OF CATEGORIES AND CIRCLE APPROPRIATE RESPONSE.

Excellent	10	
Very good	11	
Good	12	(39-40)
Fair	13	
Poor	14	
Don't Know	88	
Not Applicable	99	

IF T&TA IS NOT PROVIDED BY STATE OR REGIONAL TRAINING OFFICE, GO TO QUESTION #19.

IF T&TA IS PROVIDED BY STATE OR REGIONAL TRAINING OFFICE, ASK:

18. How would you rate the effectiveness of the coordination between the State Training Office and your program in terms of planning for training and technical assistance at the local level? Would you say it is excellent, very good, good, fair or poor?

REFER RESPONDENT TO PINK CARD WITH LIST.

Excellent	10	
Very good	11	
Good	12	(41-42)
Fair	13	
Poor	14	
Don't Know	88	
Not Applicable	99	

19. Are you familiar with the way that the Regional Office selects providers?

*Yes	1	
No	2	(43)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE, GO TO QUESTION #21.

* IF "YES," ASK:

20. How would you rate the effectiveness of this selection process in terms of delivery of good training and technical assistance to the local program? Would you say it is excellent, very good, good, fair or poor?

REFER RESPONDENT TO PINK CARD WITH LIST.

Excellent	10	
Very good	11	
Good	12	(44-45)
Fair	13	
Poor	14	
Don't Know	88	
Not Applicable	99	

21. Are you familiar with the way that Regional Training Officers (State Training Officers; State Technical Assistance and Training Officers; or Officers of Indian Child Services) are chosen?

*Yes	1	
No	2	(46)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #23.

* IF "YES," ASK:

22. How would you rate the effectiveness of this selection process in terms of delivery of good training and technical assistance to the local program? Would you say it is excellent, very good, good, fair, or poor?

REFER RESPONDENT TO PINK CARD WITH LIST.

Excellent	10	
Very good	11	
Good	12	(47-48)
Fair	13	
Poor	14	
Don't Know	88	
Not Applicable	99	

23. Do you have an opportunity to have input into the Regional Office training and technical assistance plan?

Yes	1	
No	2	(49)
Don't Know	8	
Not Applicable	9	

24. Do you receive a copy of the training and technical assistance plan that the Regional Office submits to the Office of Child Development headquarters?

*Yes	1	
No	2	(50)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #26.

*IF "YES," ASK:

25. Is the copy you receive the complete plan, partial plan, or a summary of the plan?

Complete plan	1	
Partial plan	2	(51)
Summary	3	
Other (Specify)	4	

____

____

26. Do you submit a written report about the training and technical assistance activities in your program?

*Yes	1	(52)
No	2	
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #28.

*IF "YES", ASK:

27. To whom do you submit it? How often?

CHECK FREQUENCY COLUMN AS APPROPRIATE

	CIRCLE ALL THAT APPLY	Monthly (5)	Quarterly (6)	After T&TA is provided (7)	Annually (8)	Other (Specify) (9)	
Policy Advisory Council	1	____	____	____	____	____	(53-54) ☐☐
Grantee Board	1	____	____	____	____	____	(55-56) ☐☐
State T&TA Grantee	1	____	____	____	____	____	(57-58) ☐☐
The Provider Involved	1	____	____	____	____	____	(59-60) ☐☐
Regional Office	1	____	____	____	____	____	(61-62) ☐☐
Other (Specify)	1	____	____	____	____	____	(63-64) ☐☐

____

____

28. Do you evaluate the training and technical assistance you receive from providers?

*Yes	1	
No	2	(65)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #30.

*IF "YES," ASK:

29. Do you use any of the following:

READ THE LIST AND CIRCLE ALL THAT APPLY.

Written reports by trainees	1	(66)
Observer/non-participant reports	1	(67)
Verbal feedback to the Director	1	(68)
Verbal feedback to the provider	1	(69)
Other (Specify)	1	(70)

____

____

30. Overall, to what extent have the end results of your efforts to assess needs, plan and manage training and technical assistance improved your program performance? Would you say a great deal, quite a bit, some, a little, or none?

REFER RESPONDENT TO YELLOW CARD WITH LIST.

A great deal	20	(71-72)
Quite a bit	21	
Some	22	
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

(73-78)
Blank

(79-80)

0	2

Card 3

(1-17)

PART B

This next section of questions concerns your opinion on the excellence of training and technical assistance provided to your program.

31. Generally, how satisfied or dissatisfied have you been with the training and technical assistance your program has received in the past year? Would you say very satisfied, satisfied, dissatisfied, very dissatisfied?

SHOW RESPONDENT BLUE CARD WITH LIST OF CATEGORIES. CIRCLE APPROPRIATE RESPONSE.

Very satisfied	30	
Satisfied	31	
Dissatisfied	32	(18-19)
Very Dissatisfied	33	
Don't Know	88	
Not Applicable	99	

32. How much impact has the training and technical assistance you have received in the past year had on improving your program? Would you say a great deal, quite a bit, some, a little, or none?

REFER RESPONDENT TO YELLOW CARD WITH LIST.

A great deal	20	
Quite a bit	21	
Some	22	(20-21)
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

REFER TO LIST OF WORD DEFINITIONS (COMPLETE, PRACTICAL, INFORMATIVE, TIMELY) ONLY IF RESPONDENT ASKS ABOUT WHAT THE WORD MEANS.

In the next several questions I am going to ask you to rate the training and technical assistance you've received on a scale of 4, 3. 2, or 1, with 4 equalling the best and 1 the worst. If you have any questions as we go along, please ask them.

33. In regard to meeting the needs of your local Head Start program, how would you rate the T&TA provided as being:

COMPLETE	Would you say:		4	
			3	
			2	(22)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

PRACTICAL	Would you say:		4	
			3	
			2	(23)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

INFORMATIVE	Would you say:		4	
			3	
			2	(24)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

TIMELY	Would you say:		4	
			3	
			2	(25)
			1	
		Don't Know	8	
		Not Applicable	9	

34. In regard to meeting the specific needs of the staff, how would you rate the T&TA provided as being:

COMPLETE	Would you say:		4	
			3	
			2	(26)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

PRACTICAL	Would you say:		4	
			3	
			2	(27)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

INFORMATIVE	Would you say:		4	
			3	
			2	(28)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

TIMELY	Would you say:		4	
			3	
			2	(29)
			1	
		Don't Know	8	
		Not Applicable	9	

35. In regard to meeting the specific needs of parents, how would you rate the T&TA provided as being:

COMPLETE Would you say:

4
3
2 (30)
1

Don't Know 8
Not Applicable 9

... as being:

PRACTICAL Would you say:

4
3
2 (31)
1

Don't Know 8
Not Applicable 9

... as being:

INFORMATIVE Would you say:

4
3
2 (32)
1

Don't Know 8
Not Applicable 9

... as being:

TIMELY Would you say:

4
3
2 (33)
1

Don't Know 8
Not Applicable 9

36. In general, do you feel that the training and technical assistance provided to Head Start staff this past year led to better services for the children?

*Yes	1	
**No	2	(34)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "DON'T KNOW" OR "NOT APPLICABLE", GO TO QUESTION #39.

*IF "YES," ASK:

37. To what extent? Would you say a great deal, quite a bit, some, or a little?

A great deal	20	
Quite a bit	21	(35-36)
Some	22	
A little	23	

** IF "NO," ASK:

38. Why not?

____ (35-36)

____ ☐☐

____

39. In general, do you feel that the training and technical assistance provided to Head Start parents this past year led to better services for the children?

*Yes	1	
**No	2	(37)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "DON'T KNOW" OR "NOT APPLICABLE", GO TO QUESTION #42.

* IF "YES," ASK:

40. To what extent? Would you say a great deal, quite a bit, some, or a little?

A great deal	20	
Quite a bit	21	(38-39)
Some	22	
A little	23	

** IF "NO," ASK:

41. Why not?

(38-39)

☐☐

42. How satisfied or dissatisfied are you with the amount of money available for training and technical assistance to your program? Would you say very satisfied, satisfied, dissatisfied, or very dissatisfied?

REFER RESPONDENT TO BLUE CARD WITH LIST.

Very satisfied	30	
Satisfied	31	
Dissatisfied	32	(40-41)
Very dissatisfied	33	
Don't Know	88	
Not Applicable	99	

43. If you had a choice in the matter, would you want more, less, or the same amount of money available for training and technical assistance to your program?

More	5	
Less	6	
Same	7	(42)
Don't Know	8	
Not Applicable	9	

44. (For each item in this next question, please answer again using the scales 4, 3, 2, or 1; 4 is the best; 1, the worst.) Considering all the training and technical assistance your program has received within the past year, how well would you say your providers did, on the average, with regard to each of the following items:

a. Was well-prepared for assigned training and technical assistance activity -

Would you say:	4	
	3	
	2	(43)
	1	
Don't Know	8	
Not Applicable	9	

b. Was familiar with Head Start program purposes and needs -

Would you say:
4
3
2 (44)
1

Don't Know 8
Not Applicable 9

c. Presented subject matter at a level appropriate to the trainees' experience and education -

Would you say:
4
3
2 (45)
1

Don't Know 8
Not Applicable 9

d. Knew training and technical assistance subjects thoroughly -

Would you say:
4
3
2 (46)
1

Don't Know 8
Not Applicable 9

e. Was able to meet the needs of the participants -

Would you say: 4
3
2 (47)
1

Don't Know 8
Not Applicable 9

f. Communicated well with participants of the training and technical assistance activities -

Would you say: 4
3
2 (48)
1

Don't Know 8
Not Applicable 9

g. Used appropriate materials -

Would you say: 4
3
2 (49)
1

Don't Know 8
Not Applicable 9

h. Used appropriate training and technical assistance techniques -

Would you say: 4
3
2 (50)
1

Don't Know 8
Not Applicable 9

i. Followed up after initial activity -

Would you say:		4	
		3	
		2	(51)
		1	
	Don't Know	8	
	Not Applicable	9	

j. Evaluated the quality and effectiveness of the training and technical assistance -

Would you say:		4	
		3	
		2	(52)
		1	
	Don't Know	8	
	Not Applicable	9	

k. Manifested sensitivity to the needs of the poor -

Would you say:		4	
		3	
		2	(53)
		1	
	Don't Know	8	
	Not Applicable	9	

The next questions seek your opinion on the excellence of particular kinds of providers of training and technical assistance. The questions are divided into 4 categories: national providers, regional providers (including RTOs/STOs), non-Head Start resources, and, if applicable, directly-purchased T&TA.

FOR DIRECTORS WITH WHOM TELEPHONE INTERVIEWS HAVE BEEN CONDUCTED, GO TO QUESTION #47.

FOR DIRECTORS WITH WHOM TELEPHONE INTERVIEWS HAVE NOT BEEN CONDUCTED, AND STAFF AND PARENTS ONLY, ASK QUESTIONS #45 AND 46.

45. From which national training and technical assistance providers have you received services during the past year?

READ THE LIST AND CIRCLE ALL THAT APPLY

HEALTH

American Academy of Pediatrics	1	(54)
U.S. Public Health Service	1	(55)
American Psychological Association	1	(56)
American Dietetic Association	1	(57)

HANDICAPPED

Council for Exceptional Children	1	(58)
Technical Assistance Development	1	(59)
System (TADS) (Fiscal year 1974)	1	(60)
Communications Research Lab (FY 1975)	1	(61)

MATERIALS

Modern Talking Pictures	1	(62)
Educational Resources Information Center (ERIC)	1	(63)
Inter-American Research Association	1	(64)

HSST/CDA

High Scope Foundation	1	(65)
CDA Consortium	1	(66)
UNIDOS Management Associates	1	(67)

SPECIFIC GRANTEE (IMPD,PCC,CFRP)

Social Dynamics	1	(68)
Transcendental Corporation	1	(69)

46. What percent of all the training and technical assistance you received in the past year came from these national providers?

(70-71)

______%

☐☐

ALL RESPONDENTS CONTINUE.

47. Generally, how satisfied or dissatisfied have you been with the training and technical assistance your program has received in the past year from national providers? Would you say very satisfied, satisfied, dissatisfied, very dissatisfied?

REFER RESPONDENT TO BLUE CARD WITH LIST.

Very satisfied	30
Satisfied	31
Dissatisfied	32
Very dissatisfied	33
Don't Know	88
Not Applicable	99

(72-73)

FOR DIRECTORS WITH WHOM TELEPHONE INTERVIEWS HAVE BEEN CONDUCTED, GO TO QUESTION 50.

48 From which regionally-funded training and technical assistance providers have you received services during the past year?

READ THE LIST AND CIRCLE ALL THAT APPLY. LIST NAMES IF RESPONDENT VOLUNTEERS INFORMATION.

Head Start Supplementary Training ______________________	1	(74)
Child Development Associate Program ______________________	1	(75)
State (Regional) Training Office ______________________	1	(76)
Other (Specify) ______________________	1	(77)
		(78) (Blank)
		(79-80) 0 3
		Card 4
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐		(1-17)

49. What percent of all the training and technical assistance you received in the past year came from these regional providers?

______%

(18-19) ☐☐

ALL RESPONDENTS CONTINUE.

50. Generally, how satisfied or dissatisfied have you been with the T&TA your program has received in the past year from regional providers? Would you say very satisfied, satisfied, dissatisfied, very dissatisfied?

REFER RESPONDENT TO BLUE CARD WITH LIST.

Very satisfied	30	
Satisfied	31	
Dissatisfied	32	(20-21)
Very dissatisfied	33	
Don't Know	88	
Not Applicable	99	

~~IF RESPONDENT'S PROGRAM IS NOT DIRECTLY FUNDED FOR TRAINING AND TECHNICAL ASSISTANCE, GO TO QUESTION #54~~.

51. Does your program receive money directly from the Region Office to buy some of its own training and technical assistance?

Yes	1	(22)
No	2	
Don't Know	8	
Not applicable	9	

IF RESPONDENT'S PROGRAM IS NOT DIRECTLY-FUNDED FOR TRAINING AND TECHNICAL ASSISTANCE, GO TO QUESTION #55.

FOR ALL DIRECTLY-FUNDED PROGRAMS, ASK:

FOR DIRECTORS WITH WHOM TELEPHONE INTERVIEW HAS BEEN CONDUCTED, GO TO QUESTION #54.

52. From what types of local training technical assistance providers have you bought services during the past year?

READ THE LIST. CIRCLE ALL THOSE MENTIONED LIST NAMES AND TYPE OF T&TA IF RESPONDENT VOLUNTEERS INFORMATION.

Public Schools	________________	1	(23)
Universities/Colleges	________________	1	(24)
Community agencies			
Public	________________	1	(25)
Private	________________	1	(26)
Private companies	________________	1	(27)
Churches	________________	1	(28)
Private Consultants	________________	1	(29)
Other (Specify)	________________	1	(30)

53. What percent of all training and technical assistance you received in the past year came from these local providers?

_______% (31-32)

ALL RESPONDENTS IN DIRECTLY-FUNDED PROGRAMS CONTINUE.

54. Generally, how satisfied or dissatisfied have you been with the T&TA your program has purchased in the past year from local providers? Would you say very satisfied, satisfied, dissatisfied, very dissatisfied?

REFER RESPONDENT TO BLUE CARD WITH LIST.

Very satisfied	30	
Satisfied	31	
Dissatisfied	32	(33-34)
Very dissatisfied	33	
Don't Know	88	
Not Applicable	99	

FOR DIRECTORS WITH WHOM TELEPHONE INTERVIEW HAS BEEN CONDUCTED, GO TO QUESTION #57.

55. From what types of non-Head Start organizations have you received (without cost) training and technical assistance servcies during the past year?

READ THE LIST. CIRCLE ALL THOSE MENTIONED. LIST NAMES AND TYPE OF T&TA IF RESPONDENT VOLUNTEERS INFORMATION.

Public Schools	____________	1	(35)
Universities/Colleges	____________	1	(36)
Community agencies			
Public	____________	1	(37)
Private	____________	1	(38)
Private companies	____________	1	(39)
Churches	____________	1	(40)
Private consultants	____________	1	(41)
Other (Specify)	____________	1	(42)

56. What percent of all training and technical assistance you received in the past year came from non-Head Start sources?

(43-44)

______%

CHECK TO BE SURE THAT PERCENTS ADD UP TO 100%: IF NOT, ASK RESPONDENT TO RECALCULATE FIGURES AS CAREFULLY AS POSSIBLE TO REFLECT PROPORTIONS OF TRAINING AND TECHNICAL ASSISTANCE FROM EACH SOURCE AND STILL TOTAL 100%.

Source	%
National Providers	____
Regional Providers	____
Local Providers (If applicable)	____
Non-Head Start	____
	100%

ALL RESPONDENTS CONTINUE.

57. Generally, how satisfied or dissatisfied have you been with the training and technical assistance you have received this past year without cost from non-Head Start sources. Would you say very satisfied, satisfied, dissatisfied, very dissatisfied?

REFER RESPONDENT TO BLUE CARD WITH LIST.

Very satisfied	30	
Satisfied	31	
Dissatisfied	32	(45-46)
Very dissatisfied	33	
Don't Know	88	
Not Applicable	99	

58. Do you think more, less, or the same number of local Head Start programs should be directly-funded to purchase their own training and technical assistance?

*More, if	4	
More	5	
Less	6	
Same	7	(47)
Don't Know	8	
Not Applicable	9	

*If local T/TA providers are available and adequate

That concludes the series of questions on the different kinds of providers of training and technical assistance. Now I'd like to change the focus and get your opinion on the amount of T&TA given to several categories of people connected with your Head Start program.

59. For each category of people I name, do you think there should be more, less or the same amount of T&TA available as there is currently?

a. Administrators	More	5	
	Less	6	
	Same	7	(48)
	Don't Know	8	
	Not Applicable	9	
b. Coordinators	More	5	
	Less	6	
	Same	7	(49)
	Don't Know	8	
	Not Applicable	9	
c. Teachers	More	5	
	Less	6	
	Same	7	(50)
	Don't Know	8	
	Not Applicable	9	
d. Aides	More	5	
	Less	6	
	Same	7	(51)
	Don't Know	8	
	Not Applicable	9	
e. Support Staff	More	5	
	Less	6	
	Same	7	(52)
	Don't Know	8	
	Not Applicable	9	
f. Parents	More	5	
	Less	6	
	Same	7	(53)
	Don't Know	8	
	Not Applicable	9	
g. Other (Specify)	More	5	
	Less	6	(54)
	Same	7	

____

____

60. Could you get more T&TA if you wanted it?

* Yes	1	
No	2	
Hope so	3	(55)
Looking	4	
Don't Know	8	
Not Applicable	9	

FOR ALL ANSWERS EXCEPT "YES", GO TO QUESTION #62.

* IF "YES," ASK:

61. From which of the following:

READ THE LIST AND CIRCLE ALL THAT APPLY. LIST SPECIFIC NAMES MENTIONED.

National providers (Specify) ______	1	(56)
Regional providers (Specify) ______	1	(57)
Non-Head Start sources (Specify) ______	1	(58)
Directly purchased (Specify) ______	1	(59)

Now I'd like to ask you about the content areas covered in training and technical assistance.

62. Are there any specific content areas of T&TA (e.g. fiscal management) that are totally overlooked by the various providers from whom you receive services?

*Yes	1	
No	2	(60)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #64.

*IF "YES," ASK:

63. Please specify.

1. ______________________ (61-62) ☐☐

2. ______________________ (63-64) ☐☐

3. ______________________ (65-66) ☐☐

64. Are there any specific content areas of T&TA that are not being adequately covered by the various providers from whom you receive services?

*Yes	1	
No	2	
Don't Know	8	(67)
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #66.

*IF "YES," ASK:

65. Please specify.

1. ______________________________ (68-69) ☐☐

2. ______________________________ (70-71) ☐☐

3. ______________________________ (72-73) ☐☐

66. Regarding nutrition T&TA, how satisfied or dissatisfied are you with that your program has received in the past year? Would you say very satisfied, satisfied, dissatisfied, or very dissatisfied?

REFER RESPONDENT TO BLUE CARD WITH LIST.

Very satisfied	30	
Satisfied	31	
Dissatisfied	32	(74-75)
Very dissatisfied	33	
Don't Know	88	
Not Applicable	99	

67. How much more nutrition T&TA do you think is required to meet the needs of your program? Would you say a great deal, quite a bit, some, a little, or none?

REFER RESPONDENT TO YELLOW CARD WITH LIST OF CATEGORIES AND CIRCLE APPROPRIATE RESPONSE.

A great deal	20	
Quite a bit	21	
Some	22	(76-77)
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

(78)
Blank

(79-80)

0	4

(1-17)

68. Regarding psychological services T&TA, how satisfied or dissatisfied are you with that your program has received in the past year? Would you say very satisfied, satisfied, dissatisfied, or very dissatisfied?

REFER RESPONDENT TO BLUE CARD WITH LIST.

Very satisfied	30	
Satisfied	31	
Dissatisfied	32	(18-19)
Very dissatisfied	33	
Don't Know	88	
Not Applicable	99	

69. How much more psychological services T&TA do you think is required to meet the needs of your program? Would you say a great deal, quite a bit, some, a little, or none?

REFER RESPONDENT TO YELLOW CARD WITH LIST OF CATEGORIES AND CIRCLE APPROPRIATE RESPONSE.

A great deal	20	
Quite a bit	21	
Some	22	(20-21)
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

70. Regarding T&TA for handicapped services, how satisfied or dissatisfied are you with that which your program has received in the past year? Would you say very satisfied, satisfied, dissatisfied, or very dissatisfied?

REFER RESPONDENT TO BLUE CARD WITH LIST.

Very satisfied	30	
Satisfied	31	
Dissatisfied	32	(22-23)
Very dissatisfied	33	
Don't Know	88	
Not Applicable	99	

71. How much more T&TA for handicapped services do you think is required to meet the needs of your program? Would you say a great deal, quite a bit, some, a little, or none?

REFER RESPONDENT TO YELLOW CARD WITH LIST OF CATEGORIES AND CIRCLE APPROPRIATE RESPONSE.

A great deal	20
Quite a bit	21
Some	22
A little	23
None	24
Don't Know	88
Not Applicable	99

72. What particular kinds of T&TA servcies for the handicapped that you don't already receive would benefit your program? Specify.

(26-27)

1. ____ ☐☐

(28-29)

2. ____ ☐☐

3. ____

(30-31)

Don't Know	8	
Not Applicable	9	☐☐

73. What resources do you have available to your program to give needed expertise and information about the handicapped?

National Provider	1	(32)
Regional Provider (Specify) ____________	1	(33)
STO/RTO/OICS/STATO	1	(34)
Community agency (Specify) ____________	1	(35)
Private consultant (Specify) ____________	1	(36)
University/College (Specify) ____________	1	(37)
Materials written and A-V (Specify) ____________	1	(38)
Other (Specify) ____________	1	(39)
Don't Know	8	
Not Applicable	9	

74. What types of problems occur in trying to identify and incorporate the handicapped into your program?

(40-41) ☐☐

(42-43) ☐☐

(44-45) ☐☐

(46-47) ☐☐

Don't Know	88
Not Applicable	99

75. In regard to the services offered by your local Head Start program, how supportive and cooperative are community leaders (e.g. donating space, time, expertise)? Would you say a great deal, quite a bit, some, a little, or none?

A great deal	20
Quite a bit	21
Some	22
A little	23
None	24
Don't Know	88
Not Applicable	99

(48-49)

76. In regard to the services offered by the Head Start program, how receptive and cooperative are the parents of the children (e.g. volunteering to help with projects)? Would you say a great deal, quite a bit, some, a little, or none?

A great deal	20	
Quite a bit	21	
Some	22	
A little	23	(50-51)
None	24	
Don't Know	88	
Not Applicable	99	

77. Finally, do you feel your own career development has been helped by any of the training and technical assistance you've received at this Head Start program?

* Yes	1	
No	2	(52)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", CONCLUDE INTERVIEW.

* IF "YES," ASK:

78. Would you say it has helped a great deal, quite a bit, some, or a little?

REFER RESPONDENT TO YELLOW CARD WITH LIST.

A great deal	20	
Quite a bit	21	
Some	22	(53-54)
A little	23	
Don't Know	88	
Not Applicable	99	

That concludes the interview You have been very helpful. Thank you for your cooperation.

(55-78) Blank

(79-80)

0	5

Time interview ends

EVALUATION OF THE OVERALL EFFECTIVENESS OF PROJECT HEAD START TRAINING AND TECHNICAL ASSISTANCE PROGRAMS (NATIONALLY)

CASE STUDY REGION INTERVIEW

CAREER DEVELOPMENT AND TECHNICAL ASSISTANCE DIVISION
OFFICE OF CHILD DEVELOPMENT

KIRSCHNER ASSOCIATES

March, 1975

KIRSCHNER ASSOCIATES INC.

ON-SITE INTERVIEW

HEAD START PARENTS

EVALUATION OF TRAINING AND TECHNICAL ASSISTANCE

NAME: ______________________________

INTERVIEWER: ______________________________

DATE: ____________________

LENGTH OF INTERVIEW: ____________ Minutes

FOR OFFICE USE ONLY:

LOG	____________	BY	____________	DATE	____________
EDIT	____________	BY	____________	DATE	____________

KIRSCHNER ASSOCIATES INC.

Time interview begins:

☐

ON-SITE PARENT INTERVIEW

POSITION: Policy Advisory Council Member ____

Teacher Aide _____

Volunteer (Specify) ____

Other (Specify) __________

SERVING IN: (CIRCLE ONE) DELEGATE AGENCY PROGRAM CENTER

LOCATION: ______________________________

NUMBER OF CENTERS SERVED: ______________________________

LOCATIONS: ______________________________

____

____

NUMBER OF CHILDREN SERVED: ______________________________

LENGTH OF TIME IN POSITION: ______________________________

(1-17)

I would like to ask you some questions related to the management and delivery of training and technical assistance to your program, and about the excellence of the T&TA that you have received.

FOR STAFF AND PARENTS, OMIT QUESTIONS #1,2,3. GO TO QUESTION #4.

FOR DIRECTORS ONLY, ASK QUESTIONS #1,2,3.

IF DIRECTOR IS THE SAME ONE WHO WAS INTERVIEWED BY TELEPHONE, SAY:

These questions are a follow-up to those which we asked you on (date) ____________________ ____________.

IF DIRECTOR HAS NOT BEEN INTERVIEWED BY TELEPHONE, START WITH QUESTION #1.

PART A

First I would like to get some information about your staff.

1. Counting as you would for your grant application, how many full-time, part-time, and volunteer staff are in your program?

ENTER NUMBERS GIVEN. CIRCLE "8" IF RESPONDENT DOES NOT KNOW AND CANNOT FIND OUT.

FOR OFFICE USE ONLY

Full-time ____________ (18-19)

Part-time ____________ (20-21)

Volunteer ____________ (22-23)

Don't Know 8 (24)

2. What percentage of your staff changes each year?

ENTER NUMBER GIVEN. CIRCLE "8" IF RESPONDENT IS UNABLE TO ESTIMATE.

_____ _____% (25-26)

Don't Know 8 ☐☐

3. How much repetition of training and technical assistance must be done each year because of your staff turnover? Would you say a great deal, quite a bit, some, a little, or none?

HAND RESPONDENT YELLOW CARD WITH LIST OF CATEGORIES.
CIRCLE APPROPRIATE RESPONSE.

A great deal	20	
Quite a bit	21	
Some	22	(27-28)
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

ALL RESPONDENTS CONTINUE.

I am going to ask you some questions about the way in which you assess your program needs and then plan for training and technical assistance accordingly.

4. What criteria do you use to identify and measure your local training and technical assistance needs, and then devise your T&TA plan?

READ THE LIST AND CIRCLE ALL THAT APPLY.

National Head Start Objectives	1	(29)
Regional Head Start Objectives	1	(30)
Local Head Start Objectives	1	(31)
Performance Standards	1	(32)
Community Needs	1	(33)
Staff Needs	1	(34)
Volunteer Needs	1	(35)
Parent Needs	1	(36)
Amount of Money Available	1	(37)
Other (Specify)	1	(38)

____

____

Don't Know	8	(39)
Not Applicable	9	(40)

5. In order of importance, list the top three criteria you use to assess your local training and technical assistance needs and devise your T&TA plan?

1. ______________________________ (41-42)

☐☐

2. ______________________________ (43-44)

☐☐

3. ______________________________ (45-46)

☐☐

Don't Know	8	(47)
Not Applicable	9	(48)

6. Do you identify specific program improvement areas (e.g., nutrition) as part of your training and technical assistance planning?

CIRCLE APPROPRIATE ANSWER

Yes	1	
No	2	
Don't Know	8	(49)
Not Applicable	9	

7. Which of the following do you use for assessing local training and technical assistance needs and devising your T&TA plan?

READ THE LIST AND CIRCLE ALL THAT APPLY.

Formal needs assessment tools	1	(50)
Staff evaluation forms	1	(51)
Staff meetings	1	(52)
Provider reports		(53)
RTO/STO/STATO/OICS	1	(53)
Other provider	1	(54)
Regional Office materials/ guidance	1	(55)
Regional Office staff (e.g., CR)	1	(56)
Other (Specify)	1	(57)
Don't Know	8	(58)
Not Applicable	9	(59)

8. Who in your program is directly involved in determining local training and technical assistance needs and devising your T&TA plan?

CIRCLE ALL THOSE MENTIONED

Director	1	(60)
*Staff	1	(61)
Parents	1	(62)
Grantee Board	1	(63)
Policy Advisory Council	1	(64)
Other (Specify)	1	(65)
____________________		
____________________		
Don't Know	8	(66)
Not Applicable	9	(67)

IF STAFF IS NOT MENTIONED, GO TO QUESTION #10.

* IF STAFF IS INCLUDED, ASK:

9. Which members of the staff are involved?

CIRCLE ALL THOSE MENTIONED

Teachers	1	(68)
Coordinators		
Education	1	(69)
Health	1	(70)
Social Services	1	(71)
Parent Involvement	1	(72)
Career Development	1	(73)
Aides	1	(74)
Volunteers	1	(75)
Other (Specify)	1	(76)
____________________		
____________________		
Don't Know	8	(77)
Not Applicable	9	(78)

(79-80)

0	1

Card 2

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (1-17)

10. Are any providers of training and technical assistance involved in determining your local needs and/or devising your T&TA plan?

*Yes	1	
No	2	(18)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #12.

*IF "YES," ASK:

11. Which providers?

CIRCLE ALL THOSE MENTIONED. LIST NAMES IF RESPONDENT VOLUNTEERS INFORMATION.

State T&TA Grantee	1	(19)
RTO/STO/STATO/OICS	1	(20)
Other T&TA providers		
Public School ____________	1	(21)
Universities/Colleges ____________	1	(22)
Community agencies		
Public ____________	1	(23)
Private ____________	1	(24)
Private companies ____________	1	(25)
Churches ____________	1	(26)
Private consultants ____________	1	(27)
Other (Specify) ____________	1	(28)

12. In your program, who makes the final decision about what your training and technical assistance need are and the contents of your T&TA plan?

LIST TITLE AND NAME

____

____

(29-30) ☐☐

Don't Know	88
Not Applicable	99

13. At what point in the program year do you begin your training and technical assistance planning procedures?

DO NOT READ LIST. CIRCLE ONLY ONE ANSWER.

(31-32)

On-going	01
February	02
March	03
April	04
May	05
Summer	06
When Regional Office sends guidance	07
Other (Specify) __________________	08
Don't Know	88
Not Applicable	99

14. Generally, how much time passes between the beginning of your needs assessment process and the completion of your written T&TA plan? Please answer in terms of months.

______________ months

(33-34) ☐☐

Don't Know	88
Not Applicable	99

15. How effective is the process you use to assess local training and technical assistance needs and devise your T&TA plan? Would you say excellent, very good, good, fair, or poor?

HAND RESPONDENT PINK CARD WITH LIST OF CATEGORIES AND CIRCLE APPROPRIATE RESPONSE.

Excellent	10	
Very good	11	
Good	12	(35-36)
Fair	13	
Poor	14	
Don't Know	88	
Not Applicable	99	

16. How much improvement do you think is required in your processes for assessing training and technical assistance needs and devising your T&TA plan? Would you say a great deal, quite a bit, some, a little, or none?

REFER RESPONDENT TO YELLOW CARD WITH LIST OF CATEGORIES AND CIRCLE APPROPRIATE RESPONSE.

A great deal	20	
Quite a bit	21	
Some	22	(37-38)
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

17. How would you rate the effectiveness of the coordination between the Regional Office and your program in terms of planning for training and technical assistance at the local level? Would you say it is excellent, very good, good, fair or poor?

REFER RESPONDENT TO PINK CARD WITH LIST OF CATEGORIES AND CIRCLE APPROPRIATE RESPONSE.

Excellent	10	
Very good	11	
Good	12	(39-40)
Fair	13	
Poor	14	
Don't Know	88	
Not Applicable	99	

IF T&TA IS NOT PROVIDED BY STATE OR REGIONAL TRAINING OFFICE, GO TO QUESTION #19.

IF T&TA IS PROVIDED BY STATE OR REGIONAL TRAINING OFFICE, ASK:

18. How would you rate the effectiveness of the coordination between the State Training Office and your program in terms of planning for training and technical assistance at the local level? Would you say it is excellent, very good, good, fair or poor?

REFER RESPONDENT TO PINK CARD WITH LIST.

Excellent	10	
Very good	11	
Good	12	(41-42)
Fair	13	
Poor	14	
Don't Know	88	
Not Applicable	99	

19. Are you familiar with the way that the Regional Office selects providers?

*Yes	1	
No	2	(43)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE, GO TO QUESTION #21.

* IF "YES," ASK:

20. How would you rate the effectiveness of this selection process in terms of delivery of good training and technical assistance to the local program? Would you say it is excellent, very good, good, fair or poor?

REFER RESPONDENT TO PINK CARD WITH LIST.

Excellent	10	
Very good	11	
Good	12	(44-45)
Fair	13	
Poor	14	
Don't Know	88	
Not Applicable	99	

21. Are you familiar with the way that Regional Training Officers (State Training Officers; State Technical Assistance and Training Officers; or Officers of Indian Child Services) are chosen?

*Yes	1	
No	2	(46)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #23.

* IF "YES," ASK:

22. How would you rate the effectiveness of this selection process in terms of delivery of good training and technical assistance to the local program? Would you say it is excellent, very good, good, fair, or poor?

REFER RESPONDENT TO PINK CARD WITH LIST.

Excellent	10	
Very good	11	
Good	12	(47-48)
Fair	13	
Poor	14	
Don't Know	88	
Not Applicable	99	

23. Do you have an opportunity to have input into the Regional Office training and technical assistance plan?

Yes	1	
No	2	(49)
Don't Know	8	
Not Applicable	9	

24. Do you receive a copy of the training and technical assistance plan that the Regional Office submits to the Office of Child Development headquarters?

*Yes	1	
No	2	(50)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #26.

*IF "YES," ASK:

25. Is the copy you receive the complete plan, partial plan, or a summary of the plan?

Complete plan	1	
Partial plan	2	(51)
Summary	3	
Other (Specify)	4	

____

____

26. Do you submit a written report about the training and technical assistance activities in your program?

*Yes	1	
No	2	(52)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #28.

*IF "YES", ASK:

27. To whom do you submit it? How often?

CHECK FREQUENCY COLUMN AS APPROPRIATE

	CIRCLE ALL THAT APPLY	Monthly (5)	Quarterly (6)	After T&TA is provided (7)	Annually (8)	Other (Specify) (9)	
Policy Advisory Council	1	___	___	___	___	___	(53-54) ☐☐
Grantee Board	1	___	___	___	___	___	(55-56) ☐☐
State T&TA Grantee	1	___	___	___	___	___	(57-58) ☐☐
The Provider Involved	1	___	___	___	___	___	(59-60) ☐☐
Regional Office	1	___	___	___	___	___	(61-62) ☐☐
Other (Specify)	1	___	___	___	___	___	(63-64) ☐☐

____

____

28. Do you evaluate the training and technical assistance you receive from providers?

*Yes	1	
No	2	(65)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #30.

*IF "YES," ASK:

29. Do you use any of the following:

READ THE LIST AND CIRCLE ALL THAT APPLY.

Written reports by trainees	1	(66)
Observer/non-participant reports	1	(67)
Verbal feedback to the Director	1	(68)
Verbal feedback to the provider	1	(69)
Other (Specify)	1	(70)

____

____

30. Overall, to what extent have the end results of your efforts to assess needs, plan and manage training and technical assistance improved your program performance? Would you say a great deal, quite a bit, some, a little, or none?

REFER RESPONDENT TO YELLOW CARD WITH LIST.

A great deal	20	(71-72)
Quite a bit	21	
Some	22	
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

(73-78)
Blank

(79-80)

0	2

(1-17)

PART B

This next section of questions concerns your opinion on the excellence of training and technical assistance provided to your program.

31. Generally, how satisfied or dissatisfied have you been with the training and technical assistance your program has received in the past year? Would you say very satisfied, satisfied, dissatisfied, very dissatisfied?

SHOW RESPONDENT BLUE CARD WITH LIST OF CATEGORIES. CIRCLE APPROPRIATE RESPONSE.

Very satisfied	30	
Satisfied	31	
Dissatisfied	32	(18-19)
Very Dissatisfied	33	
Don't Know	88	
Not Applicable	99	

32. How much impact has the training and technical assistance you have received in the past year had on improving your program? Would you say a great deal, quite a bit, some, a little, or none?

REFER RESPONDENT TO YELLOW CARD WITH LIST.

A great deal	20	
Quite a bit	21	
Some	22	(20-21)
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

REFER TO LIST OF WORD DEFINITIONS (COMPLETE, PRACTICAL, INFORMATIVE, TIMELY) ONLY IF RESPONDENT ASKS ABOUT WHAT THE WORD MEANS.

In the next several questions I am going to ask you to rate the training and technical assistance you've received on a scale of 4, 3. 2, or 1, with 4 equalling the best and 1 the worst. If you have any questions as we go along, please ask them.

33. In regard to meeting the needs of your local Head Start program, how would you rate the T&TA provided as being:

COMPLETE	Would you say:		4	
			3	
			2	(22)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

PRACTICAL	Would you say:		4	
			3	
			2	(23)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

INFORMATIVE	Would you say:		4	
			3	
			2	(24)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

TIMELY	Would you say:		4	
			3	
			2	(25)
			1	
		Don't Know	8	
		Not Applicable	9	

34. In regard to meeting the specific needs of the staff, how would you rate the T&TA provided as being:

COMPLETE	Would you say:		4	
			3	
			2	(26)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

PRACTICAL	Would you say:		4	
			3	
			2	(27)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

INFORMATIVE	Would you say:		4	
			3	
			2	(28)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

TIMELY	Would you say:		4	
			3	
			2	(29)
			1	
		Don't Know	8	
		Not Applicable	9	

35. In regard to meeting the specific needs of parents, how would you rate the T&TA provided as being:

COMPLETE Would you say:

4
3
2 (30)
1

Don't Know 8
Not Applicable 9

... as being:

PRACTICAL Would you say:

4
3
2 (31)
1

Don't Know 8
Not Applicable 9

... as being:

INFORMATIVE Would you say:

4
3
2 (32)
1

Don't Know 8
Not Applicable 9

... as being:

TIMELY Would you say:

4
3
2 (33)
1

Don't Know 8
Not Applicable 9

36. In general, do you feel that the training and technical assistance provided to Head Start staff this past year led to better services for the children?

*Yes	1	
**No	2	(34)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "DON'T KNOW" OR "NOT APPLICABLE", GO TO QUESTION #39.

*IF "YES," ASK:

37. To what extent? Would you say a great deal, quite a bit, some, or a little?

A great deal	20	
Quite a bit	21	(35-36)
Some	22	
A little	23	

** IF "NO," ASK:

38. Why not?

______________________________ (35-36)

______________________________ ☐☐

____

39. In general, do you feel that the training and technical assistance provided to Head Start parents this past year led to better services for the children?

*Yes	1	
**No	2	(37)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "DON'T KNOW" OR "NOT APPLICABLE", GO TO QUESTION #42.

* IF "YES," ASK:

40. To what extent? Would you say a great deal, quite a bit, some, or a little?

A great deal	20	
Quite a bit	21	(38-39)
Some	22	
A little	23	

** IF "NO," ASK:

41. Why not?

____ (38-39)

____ ☐☐

____

42. How satisfied or dissatisfied are you with the amount of money available for training and technical assistance to your program? Would you say very satisfied, satisfied, dissatisfied, or very dissatisfied?

REFER RESPONDENT TO BLUE CARD WITH LIST.

Very satisfied	30	
Satisfied	31	
Dissatisfied	32	(40-41)
Very dissatisfied	33	
Don't Know	88	
Not Applicable	99	

43. If you had a choice in the matter, would you want more, less, or the same amount of money available for training and technical assistance to your program?

More	5	
Less	6	
Same	7	(42)
Don't Know	8	
Not Applicable	9	

44. (For each item in this next question, please answer again using the scales 4, 3, 2, or 1; 4 is the best; 1, the worst.) Considering all the training and technical assistance your program has received within the past year, how well would you say your providers did, on the average, with regard to each of the following items:

a. Was well-prepared for assigned training and technical assistance activity -

Would you say:	4	
	3	
	2	(43)
	1	
Don't Know	8	
Not Applicable	9	

b. Was familiar with Head Start program purposes and needs -

Would you say: 4
3
2 (44)
1

Don't Know 8
Not Applicable 9

c. Presented subject matter at a level appropriate to the trainees' experience and education -

Would you say: 4
3
2 (45)
1

Don't Know 8
Not Applicable 9

d. Knew training and technical assistance subjects thoroughly -

Would you say: 4
3
2 (46)
1

Don't Know 8
Not Applicable 9

e. Was able to meet the needs of the participants -

Would you say: 4
3
2 (47)
1

Don't Know 8
Not Applicable 9

f. Communicated well with participants of the training and technical assistance activities -

Would you say: 4
3
2 (48)
1

Don't Know 8
Not Applicable 9

g. Used appropriate materials -

Would you say: 4
3
2 (49)
1

Don't Know 8
Not Applicable 9

h. Used appropriate training and technical assistance techniques -

Would you say: 4
3
2 (50)
1

Don't Know 8
Not Applicable 9

i. Followed up after initial activity -

Would you say:

	4	
	3	
	2	(51)
	1	
Don't Know	8	
Not Applicable	9	

j. Evaluated the quality and effectiveness of the training and technical assistance -

Would you say:

	4	
	3	
	2	(52)
	1	
Don't Know	8	
Not Applicable	9	

k. Manifested sensitivity to the needs of the poor -

Would you say:

	4	
	3	
	2	(53)
	1	
Don't Know	8	
Not Applicable	9	

The next questions seek your opinion on the excellence of particular kinds of providers of training and technical assistance. The questions are divided into 4 categories: national providers, regional providers (including RTOs/STOs), non-Head Start resources, and, if applicable, directly-purchased T&TA.

FOR DIRECTORS WITH WHOM TELEPHONE INTERVIEWS HAVE BEEN CONDUCTED, GO TO QUESTION #47.

FOR DIRECTORS WITH WHOM TELEPHONE INTERVIEWS HAVE NOT BEEN CONDUCTED, AND STAFF AND PARENTS ONLY, ASK QUESTIONS #45 AND 46.

45. From which national training and technical assistance providers have you received services during the past year?

READ THE LIST AND CIRCLE ALL THAT APPLY

HEALTH

American Academy of Pediatrics	1	(54)
U.S. Public Health Service	1	(55)
American Psychological Association	1	(56)
American Dietetic Association	1	(57)

HANDICAPPED

Council for Exceptional Children	1	(58)
Technical Assistance Development	1	(59)
System (TADS) (Fiscal year 1974)	1	(60)
Communications Research Lab (FY 1975)	1	(61)

MATERIALS

Modern Talking Pictures	1	(62)
Educational Resources Information Center (ERIC)	1	(63)
Inter-American Research Association	1	(64)

HSST/CDA

High Scope Foundation	1	(65)
CDA Consortium	1	(66)
UNIDOS Management Associates	1	(67)

SPECIFIC GRANTEE (IMPD,PCC,CFRP)

Social Dynamics	1	(68)
Transcendental Corporation	1	(69)

46. What percent of all the training and technical assistance you received in the past year came from these national providers?

(70-71)

_______%

☐☐

ALL RESPONDENTS CONTINUE.

47. Generally, how satisfied or dissatisfied have you been with the training and technical assistance your program has received in the past year from national providers? Would you say very satisfied, satisfied, dissatisfied, very dissatisfied?

REFER RESPONDENT TO BLUE CARD WITH LIST.

Very satisfied	30	
Satisfied	31	
Dissatisfied	32	(72-73)
Very dissatisfied	33	
Don't Know	88	
Not Applicable	99	

FOR DIRECTORS WITH WHOM TELEPHONE INTERVIEWS HAVE BEEN CONDUCTED, GO TO QUESTION 50.

48. From which regionally-funded training and technical assistance providers have you received services during the past year?

READ THE LIST AND CIRCLE ALL THAT APPLY. LIST NAMES IF RESPONDENT VOLUNTEERS INFORMATION.

Head Start Supplementary Training ____	1	(74)
Child Development Associate Program ____	1	(75)
State (Regional) Training Office ____	1	(76)
Other (Specify) ____	1	(77)
		(78) (Blank)
		(79-80) 0 3

Card 4

(1-17)

49. What percent of all the training and technical assistance you received in the past year came from these regional providers?

_____%

(18-19)

ALL RESPONDENTS CONTINUE.

50. Generally, how satisfied or dissatisfied have you been with the T&TA your program has received in the past year from regional providers? Would you say very satisfied, satisfied, dissatisfied, very dissatisfied?

REFER RESPONDENT TO BLUE CARD WITH LIST.

Very satisfied	30	
Satisfied	31	
Dissatisfied	32	(20-21)
Very dissatisfied	33	
Don't Know	88	
Not Applicable	99	

IF RESPONDENT'S PROGRAM IS NOT DIRECTLY-FUNDED FOR TRAINING AND TECHNICAL ASSISTANCE, GO TO QUESTION #54.

51. Does your program receive money directly from the Region Office to buy some of its own training and technical assistance?

Yes	1	(22)
No	2	
Don't Know	8	
Not applicable	9	

IF RESPONDENT'S PROGRAM IS NOT DIRECTLY-FUNDED FOR TRAINING AND TECHNICAL ASSISTANCE, GO TO QUESTION #54.

FOR ALL DIRECTLY-FUNDED PROGRAMS, ASK:

FOR DIRECTORS WITH WHOM TELEPHONE INTERVIEW HAS BEEN CONDUCTED, GO TO QUESTION #54.

52. From what types of local training technical assistance providers have you bought services during the past year?

READ THE LIST. CIRCLE ALL THOSE MENTIONED LIST NAMES AND TYPE OF T&TA IF RESPONDENT VOLUNTEERS INFORMATION.

Public Schools	______________	1	(23)
Universities/Colleges	______________	1	(24)
Community agencies			
Public	______________	1	(25)
Private	______________	1	(26)
Private companies	______________	1	(27)
Churches	______________	1	(28)
Private Consultants	______________	1	(29)
Other (Specify)	______________	1	(30)

53. What percent of all training and technical assistance you received in the past year came from these local providers? (31-32)

______%

ALL RESPONDENTS IN DIRECTLY-FUNDED PROGRAMS CONTINUE.

54. Generally, how satisfied or dissatisfied have you been with the T&TA your program has purchased in the past year from local providers? Would you say very satisfied, satisfied, dissatisfied, very dissatisfied?

REFER RESPONDENT TO BLUE CARD WITH LIST.

Very satisfied	30	
Satisfied	31	
Dissatisfied	32	(33-34)
Very dissatisfied	33	
Don't Know	88	
Not Applicable	99	

FOR DIRECTORS WITH WHOM TELEPHONE INTERVIEW HAS BEEN CONDUCTED, GO TO QUESTION #57.

55. From what types of non-Head Start organizations have you received (without cost) training and technical assistance servcies during the past year?

READ THE LIST. CIRCLE ALL THOSE MENTIONED. LIST NAMES AND TYPE OF T&TA IF RESPONDENT VOLUNTEERS INFORMATION.

Public Schools	______	1	(35)
Universities/Colleges	______	1	(36)
Community agencies			
Public	______	1	(37)
Private	______	1	(38)
Private companies	______	1	(39)
Churches	______	1	(40)
Private consultants	______	1	(41)
Other (Specify)	______	1	(42)

56. What percent of all training and technical assistance you received in the past year came from non-Head Start sources?

______%

(43-44) ☐☐

CHECK TO BE SURE THAT PERCENTS ADD UP TO 100%: IF NOT, ASK RESPONDENT TO RECALCULATE FIGURES AS CAREFULLY AS POSSIBLE TO REFLECT PROPORTIONS OF TRAINING AND TECHNICAL ASSISTANCE FROM EACH SOURCE AND STILL TOTAL 100%.

Source	%
National Providers	______
Regional Providers	______
Local Providers (If applicable)	______
Non-Head Start	______
	100%

ALL RESPONDENTS CONTINUE.

57. Generally, how satisfied or dissatisfied have you been with the training and technical assistance you have received this past year without cost from non-Head Start sources. Would you say very satisfied, satisfied, dissatisfied, very dissatisfied?

REFER RESPONDENT TO BLUE CARD WITH LIST.

Very satisfied	30	
Satisfied	31	
Dissatisfied	32	(45-46)
Very dissatisfied	33	
Don't Know	88	
Not Applicable	99	

58. Do you think more, less, or the same number of local Head Start programs should be directly-funded to purchase their own training and technical assistance?

*More, if	4	
More	5	
Less	6	
Same	7	(47)
Don't Know	8	
Not Applicable	9	

*If local T/TA providers are available and adequate

That concludes the series of questions on the different kinds of providers of training and technical assistance. Now I'd like to change the focus and get your opinion on the amount of T&TA given to several categories of people connected with your Head Start program.

59. For each category of people I name, do you think there should be more, less or the same amount of T&TA available as there is currently?

a. Administrators	More	5	(48)
	Less	6	
	Same	7	
	Don't Know	8	
	Not Applicable	9	
b. Coordinators	More	5	(49)
	Less	6	
	Same	7	
	Don't Know	8	
	Not Applicable	9	
c. Teachers	More	5	(50)
	Less	6	
	Same	7	
	Don't Know	8	
	Not Applicable	9	
d. Aides	More	5	(51)
	Less	6	
	Same	7	
	Don't Know	8	
	Not Applicable	9	
e. Support Staff	More	5	(52)
	Less	6	
	Same	7	
	Don't Know	8	
	Not Applicable	9	
f. Parents	More	5	(53)
	Less	6	
	Same	7	
	Don't Know	8	
	Not Applicable	9	
g. Other (Specify)	More	5	(54)
	Less	6	
	Same	7	

____

____

60. Could you get more T&TA if you wanted it?

	*Yes	1	
	No	2	
	Hope so	3	(55)
	Looking	4	
	Don't Know	8	
	Not Applicable	9	

FOR ALL ANSWERS EXCEPT "YES", GO TO QUESTION #62.

* IF "YES," ASK:

61. From which of the following:

READ THE LIST AND CIRCLE ALL THAT APPLY. LIST SPECIFIC NAMES MENTIONED.

National providers (Specify) ______	1	(56)
Regional providers (Specify) ______	1	(57)
Non-Head Start sources (Specify) ______	1	(58)
Directly purchased (Specify) ______	1	(59)

Now I'd like to ask you about the content areas covered in training and technical assistance.

62. Are there any specific content areas of T&TA (e.g. fiscal management) that are totally overlooked by the various providers from whom you receive services?

*Yes	1	
No	2	(60)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #64.

*IF "YES," ASK:

63. Please specify.

1. ______________________________ (61-62) ☐☐

2. ______________________________ (63-64) ☐☐

3. ______________________________ (65-66) ☐☐

64. Are there any specific content areas of T&TA that are not being adequately covered by the various providers from whom you receive services?

*Yes	1	
No	2	
Don't Know	8	(67)
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #66.

*IF "YES," ASK:

65. Please specify.

1. ______________________________ (68-69) ☐☐

2. ______________________________ (70-71) ☐☐

3. ______________________________ (72-73) ☐☐

66. Regarding nutrition T&TA, how satisfied or dissatisfied are you with that your program has received in the past year? Would you say very satisfied, satisfied, dissatisfied, or very dissatisfied?

REFER RESPONDENT TO BLUE CARD WITH LIST.

Very satisfied	30	
Satisfied	31	
Dissatisfied	32	(74-75)
Very dissatisfied	33	
Don't Know	88	
Not Applicable	99	

67. How much more nutrition T&TA do you think is required to meet the needs of your program? Would you say a great deal, quite a bit, some, a little, or none?

REFER RESPONDENT TO YELLOW CARD WITH LIST OF CATEGORIES AND CIRCLE APPROPRIATE RESPONSE.

A great deal	20	
Quite a bit	21	
Some	22	(76-77)
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

(78)
Blank

(79-80)

0	4

																	(1-17)

68. Regarding psychological services T&TA, how satisfied or dissatisfied are you with that your program has received in the past year? Would you say very satisfied, satisfied, dissatisfied, or very dissatisfied?

REFER RESPONDENT TO BLUE CARD WITH LIST.

Very satisfied	30	
Satisfied	31	
Dissatisfied	32	(18-19)
Very dissatisfied	33	
Don't Know	88	
Not Applicable	99	

69. How much more psychological services T&TA do you think is required to meet the needs of your program? Would you say a great deal, quite a bit, some, a little, or none?

REFER RESPONDENT TO YELLOW CARD WITH LIST OF CATEGORIES AND CIRCLE APPROPRIATE RESPONSE.

A great deal	20	
Quite a bit	21	
Some	22	(20-21)
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

70. Regarding T&TA for handicapped services, how satisfied or dissatisfied are you with that which your program has received in the past year? Would you say very satisfied, satisfied, dissatisfied, or very dissatisfied?

REFER RESPONDENT TO BLUE CARD WITH LIST.

Very satisfied	30	
Satisfied	31	
Dissatisfied	32	(22-23)
Very dissatisfied	33	
Don't Know	88	
Not Applicable	99	

71. How much more T&TA for handicapped services do you think is required to meet the needs of your program? Would you say a great deal, quite a bit, some, a little, or none?

REFER RESPONDENT TO YELLOW CARD WITH LIST OF CATEGORIES AND CIRCLE APPROPRIATE RESPONSE.

A great deal	20	
Quite a bit	21	
Some	22	(24-25)
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

72. What particular kinds of T&TA servcies for the handicapped that you don't already receive would benefit your program? Specify.

1. ____________________		(26-27) ☐☐
2. ____________________		(28-29) ☐☐
3. ____________________		(30-31) ☐☐
Don't Know	8	
Not Applicable	9	

73. What resources do you have available to your program to give needed expertise and information about the handicapped?

National Provider	1	(32)
Regional Provider (Specify) ____________	1	(33)
STO/RTO/OICS/STATO	1	(34)
Community agency (Specify) ____________	1	(35)
Private consultant (Specify) ____________	1	(36)
University/College (Specify) ____________	1	(37)
Materials written and A-V (Specify) ____________	1	(38)
Other (Specify) ____________	1	(39)
Don't Know	8	
Not Applicable	9	

74. What types of problems occur in trying to identify and incorporate the handicapped into your program?

(40-41) ☐☐

____

(42-43) ☐☐

____

(44-45) ☐☐

____

(46-47) ☐☐

____

Don't Know	88
Not Applicable	99

75. In regard to the services offered by your local Head Start program, how supportive and cooperative are community leaders (e.g. donating space, time, expertise)? Would you say a great deal, quite a bit, some, a little, or none?

A great deal	20	
Quite a bit	21	
Some	22	(48-49)
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

76. In regard to the services offered by the Head Start program, how receptive and ~~cooperative~~ are the parents of the children (e.g. volunteering to help with projects)? Would you say a great deal, quite a bit, some, a little, or none?

A great deal	20	
Quite a bit	21	
Some	22	
A little	23	(50-51)
None	24	
Don't Know	88	
Not Applicable	99	

77. Finally, do you feel your own career development has been helped by any of the training and technical assistance you've received at this Head Start program?

* Yes	1	
No	2	(52)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", CONCLUDE INTERVIEW.

* IF "YES," ASK:

78. Would you say it has helped a great deal, quite a bit, some, or a little?

REFER RESPONDENT TO YELLOW CARD WITH LIST.

A great deal	20	
Quite a bit	21	
Some	22	(53-54)
A little	23	
Don't Know	88	
Not Applicable	99	

That concludes the interview You have been very helpful. Thank you for your cooperation.

(55-78)
Blank

(79-80)

| 0 | 5 |

Time interview ends

EVALUATION OF THE OVERALL EFFECTIVENESS OF PROJECT HEAD START TRAINING AND TECHNICAL ASSISTANCE PROGRAMS (NATIONALLY)

CASE STUDY REGION INTERVIEW

CAREER DEVELOPMENT AND TECHNICAL ASSISTANCE DIVISION
OFFICE OF CHILD DEVELOPMENT

KIRSCHNER ASSOCIATES

March, 1975

KIRSCHNER ASSOCIATES INC.

ON-SITE INTERVIEW

COMMUNITY LEADERS

EVALUATION OF TRAINING AND TECHNICAL ASSISTANCE

NAME: ____________________

INTERVIEWER: ____________________

DATE: ____________________

LENGTH OF INTERVIEW: ____________________ Minutes

FOR OFFICE USE ONLY:

LOG ______________ BY ______________ DATE ______________

EDIT ______________ BY ______________ DATE ______________

085-S 75001 Expires 6/75

Time Interview begins: ☐

ON-SITE COMMUNITY LEADERS INTERVIEW

ORGANIZATION: CIRCLE APPROPRIATE ANSWER

City Hall	01
School System	02
County Health Department	03
Social Services	04
Welfare Department	05
United Fund	06
Council of Churches	07
Chamber of Commerce	08
Office of Economic Opportunity	09
Other (Specify) ____________	10

DIVISION: ____________

POSITION: ____________

LENGTH OF TIME IN POSITION: ____________

NAME OF LOCAL HEAD START PROGRAM: ____________

LOCATION: ____________

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (1-19)

FOR OFFICE USE ONLY

1. How familiar are you with the training and technical assistance provided to the staff and parents of the Head Start program? Would you say very familiar, somewhat familiar, or not at all familiar?

Very familiar	1	
Somewhat familiar	2	
Not at all familiar	3	(20)

IF RESPONDENT ANSWERS "NOT AT ALL FAMILIAR," TERMINATE INTERVIEW.

2. Are you directly involved in any activities with the local Head Start program?

Yes	1	
No	2	
Don't Know	8	(21)
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION #6.

* IF "YES," ASK:

3. In what capacity?

Grantee Agency	1	
Grantee Board	2	
Policy Advisory Council	3	(22)
Community Agency	4	
Other (Specify)	5	

____

4. Generally, what is the nature of those activities?

CIRCLE ALL THAT APPLY.

Program Development	1	(23)
Health Services	1	(24)
Educational Services	1	(25)
Family Services	1	(26)
Providing Financial Support	1	(27)
Supplying Materials/ Facilities	1	(28)
Other (Specify)	1	(29)

____

____

5. Specifically, what assistance, services, resources, or information do you and/or your staff provide to the Head Start program?

1. ______________________________ (30-31) ☐☐

2. ______________________________ (32-33) ☐☐

3. ______________________________ (34-35) ☐☐

Now I would like to ask you some questions about training and technical assistance in the local Head Start program.

6. Generally, how satisfied or dissatisfied have you been with the training and technical assistance the Head Start program has received in the past year? Would you say very satisfied, satisfied, dissatisfied, very dissatisfied?

SHOW RESPONDENT BLUE CARD WITH LIST OF CATEGORIES. CIRCLE APPROPRIATE RESPONSE.

Very satisfied	30	(36-37)
Satisfied	31	
Dissatisfied	32	
Very dissatisfied	33	
Don't Know	88	
Not Applicable	99	

7. How much impact has the training and technical assistance received in the past year had on improving the program? Would you say a great deal, quite a bit, some, a little, or none?

REFER RESPONDENT TO YELLOW CARD WITH LIST.

A great deal	20	(38-39)
Quite a bit	21	
Some	22	
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

REFER TO LIST OF WORD DEFINITIONS (COMPLETE, PRACTICAL, INFORMATIVE, TIMELY) ONLY IF RESPONDENT ASKS ABOUT WHAT THE WORD MEANS.

In the next several questions I am going to ask you to rate the training and technical assistance received by the program on a scale of 4, 3, 2, or 1, with 4 equalling the best and 1 the worst. If you have any questions as we go along, please ask them.

8. In regard to meeting the needs of the local Head Start program, how would you rate the training and technical assistance provided as being:

COMPLETE	Would you say:		4	
			3	
			2	(40)
			1	
		Don't Know	8	
		Not Applicable	9	

... as being:

PRACTICAL	Would you say:		4	
			3	
			2	
			1	(41)
		Don't Know	8	
		Not Applicable	9	

... as being:

INFORMATIVE	Would you say:		4	
			3	
			2	
			1	(42)
		Don't Know	8	
		Not Applicable	9	

... as being:

TIMELY	Would you say:		4	
			3	
			2	
			1	(43)
		Don't Know	8	
		Not Applicable	9	

9. In regard to meeting the specific needs of the staff, how would you rate the training and technical assistance provided as being:

COMPLETE	Would you say:		4	
			3	
			2	
			1	(44)
		Don't Know	8	
		Not Applicable	9	

... as being:

PRACTICAL	Would you say:		4	
			3	
			2	
			1	(45)
		Don't Know	8	
		Not Applicable	9	

... as being:

INFORMATIVE	Would you say:		4	
			3	
			2	
			1	(46)
		Don't Know	8	
		Not Applicable	9	

... as being:

TIMELY	Would you say:		4	
			3	
			2	
			1	(47)
		Don't Know	8	
		Not Applicable	9	

10. In regard to meeting the specific needs of parents, how would you rate the training and technical assistance provided as being:

COMPLETE	Would you say:		4	
			3	
			2	
			1	(48)
		Don't Know	8	
		Not Applicable	9	

... as being:

PRACTICAL	Would you say:		4	
			3	
			2	
			1	(49)
		Don't Know	8	
		Not Applicable	9	

... as being:

INFORMATIVE	Would you say:		4	
			3	
			2	
			1	(50)
		Don't Know	8	
		Not Applicable	9	

... as being:

TIMELY	Would you say:		4	
			3	
			2	
			1	(51)
		Don't Know	8	
		Not Applicable	9	

11. In general, do you feel that the training and technical assistance provided to Head Start staff this past year led to better services for the children?

* Yes	1	(52)
** No	2	
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "DON'T KNOW" OR "NOT APPLICABLE" GO TO QUESTION #14

* IF "YES," ASK:

12. To what extent? Would you say a great deal, quite a bit, some, or a little?

A great deal	20	
Quite a bit	21	(53-54)
Some	22	
A little	23	

** IF "NO," ASK:

13. Why not?

(55-56)

____

____

14. In general, do you feel that the training and technical assistance provided to Head Start parents this past year led to better services for the children?

*Yes	1	
**No	2	(57)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "DON'T KNOW" OR "NOT APPLICABLE", GO TO QUESTION # 17

* IF "YES," ASK:

15. To what extent? Would you say a great deal, quite a bit, some, or a little?

A great deal	20	(58-59)
Quite a bit	21	
Some	22	
A little	23	

** IF "NO," ASK:

16. Why not?

____ (60-61)

____

17. Are there any specific content areas of training and technical assistance (e.g., fiscal management) that are totally overlooked by the various providers from whom the program receives services?

* Yes	1	
No	2	(62)
Don't Know	8	
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION # 19

* IF "YES," ASK:

18. Please specify.

______________________________ (63-64) ☐☐

____

19. Are there any specific content areas of training and technical assistance that are not being adequately covered by the various providers from whom the program receives services?

Yes	1	
No	2	
Don't Know	8	(65)
Not Applicable	9	

IF ANSWER IS "NO", "DON'T KNOW", OR "NOT APPLICABLE", GO TO QUESTION # 21

* IF "YES," ASK:

20. Please specify.

1. ______________________________ (66-67) ☐☐
2. ______________________________ (68-69) ☐☐
3. ______________________________ (70-71) ☐☐

21. In regard to the services offered by your local Head Start program, how supportive and cooperative are community leaders (e.g. donating space, time, expertise)? Would you say a great deal, quite a bit, some, a little, or none?

A great deal	20	
Quite a bit	21	
Some	22	(72-73)
A little	23	
None	24	
Don't Know	88	
Not Applicable	99	

22. In regard to the services offered by the Head Start program, how receptive and cooperative are the parents of the children (e.g. volunteering to help with projects)? Would you say a great deal, quite a bit, some, a little, or none?

A great deal	20	
Quite a bit	21	
Some	22	
A little	23	(74-75)
None	24	
Don't Know	88	
Not Applicable	99	

(76-78)
Blank

That concludes the interview. You have been very helpful. Thank you for your cooperation.

(79-80)
| 0 | 1 |

Time interview ends:

☐